HLSC Library Seminar
Literature Reviews: Strategies and Resources to be Successful!

June 2023

Ian Gordon

Ian Gordon, Teaching & Learning Librarian

Brock University Library

Conducting and writing up different types of reviews

Searching for citations

- selecting databases
- search strategies
- managing citations
- screening citations

Writing up reviews

- Evidence synthesis vs. literature reviews
- Guides and where to get help

Questions!

What is your research question / topic?

What is the purpose of your review?

Different types of reviews

- Systematic
- Scoping
- Rapid
- Umbrella
- Meta-analysis
- Narrative (Literature)

Sutton, A., Clowes, M., Preston, L., & Booth, A. (2019). Meeting the review family: Exploring review types and associated information retrieval requirements. *Health Information & Libraries Journal*, *36*(3), 202–222.

Different types of reviews

- Systematic
- Scoping
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- Umbrella
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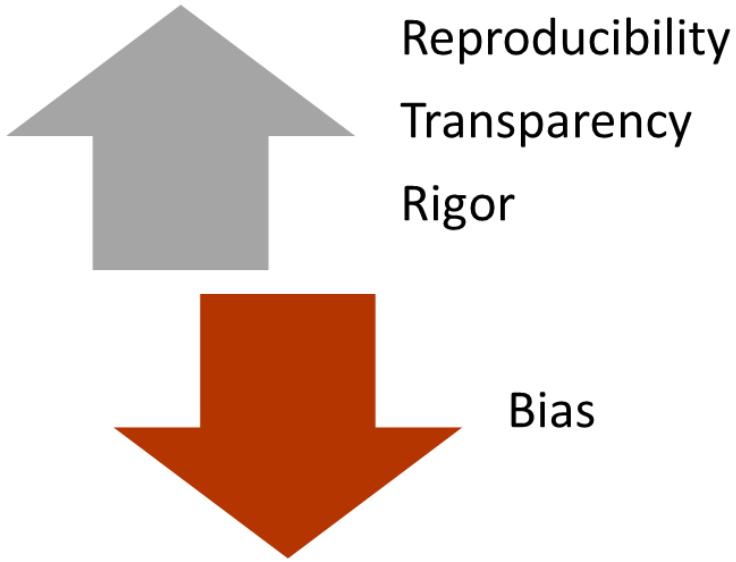
- Narrative (Literature)



Different types of reviews

- Systematic
- Scoping
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- Umbrella
- Meta-analysis
- Narrative (Literature)

All vs. Any rule

Types of Reviews

TYPE	DESCRIPTION	SEARCH	APPRAISAL	SYNTHESIS	ANALYSIS
Systematic	Seeks to systematically search for, appraise and synthesis research evidence, often adhering to guidelines on the conduct of a review.	Aims for exhaustive, comprehensive searching.	May or may not include quality assessment.	Minimal narrative, tabular summary of studies.	What is known; recommendations for practice. Limitations.
Scoping	Preliminary assessment of potential size and scope of available research literature. Aims to identify nature and extent of research.	Completeness of searching determined by time/scope constraints. May include research in progress.	No formal quality assessment.	Typically tabular with some narrative commentary.	Characterizes quantity and quality of literature, perhaps by study design and other key features. Attempts to specify a viable review.
Rapid	Assessment of what is already known about a policy or practice issue, by using systematic review methods to search and critically appraise existing research.	Completeness of searching determined by time constraints.	Time-limited formal quality assessment.	Typically narrative and tabular.	Quantities of literature and overall quality/direction of effect of literature.
Literature	Generic term: published materials that provide examination of recent or current literature. Can cover wide range of subjects at various levels of completeness and comprehensiveness.	May or may not include comprehensive searching.	May or may not include quality assessment.	Typically narrative.	Analysis may be chronological, conceptual, thematic, etc.

Adapted from: Grant, M.J. and Booth, A. (2009), A typology of reviews: an analysis of 14 review types and associated methodologies. Health Information & Libraries Journal, 26: 91-108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

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Writing up reviews

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Questions!

Literature searching is a non-linear and iterative process.

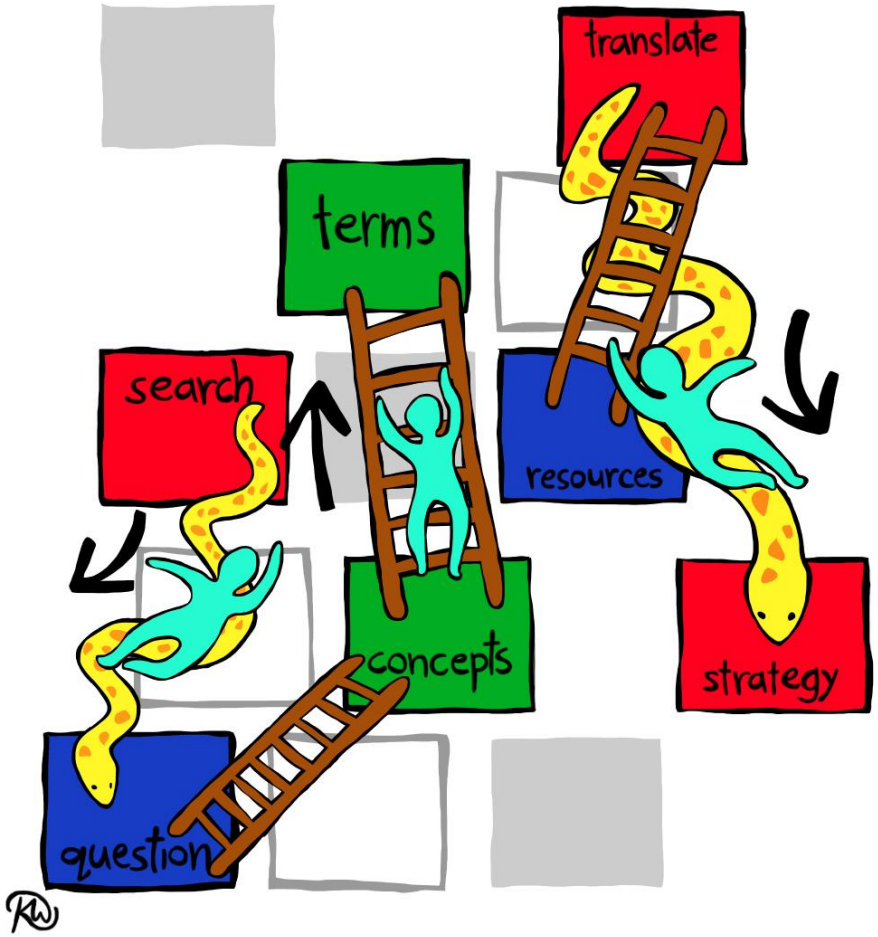

Image: McMaster Health Science Library https://hslmcmaster.libguides.com/c.php?g=716883&p=5113566

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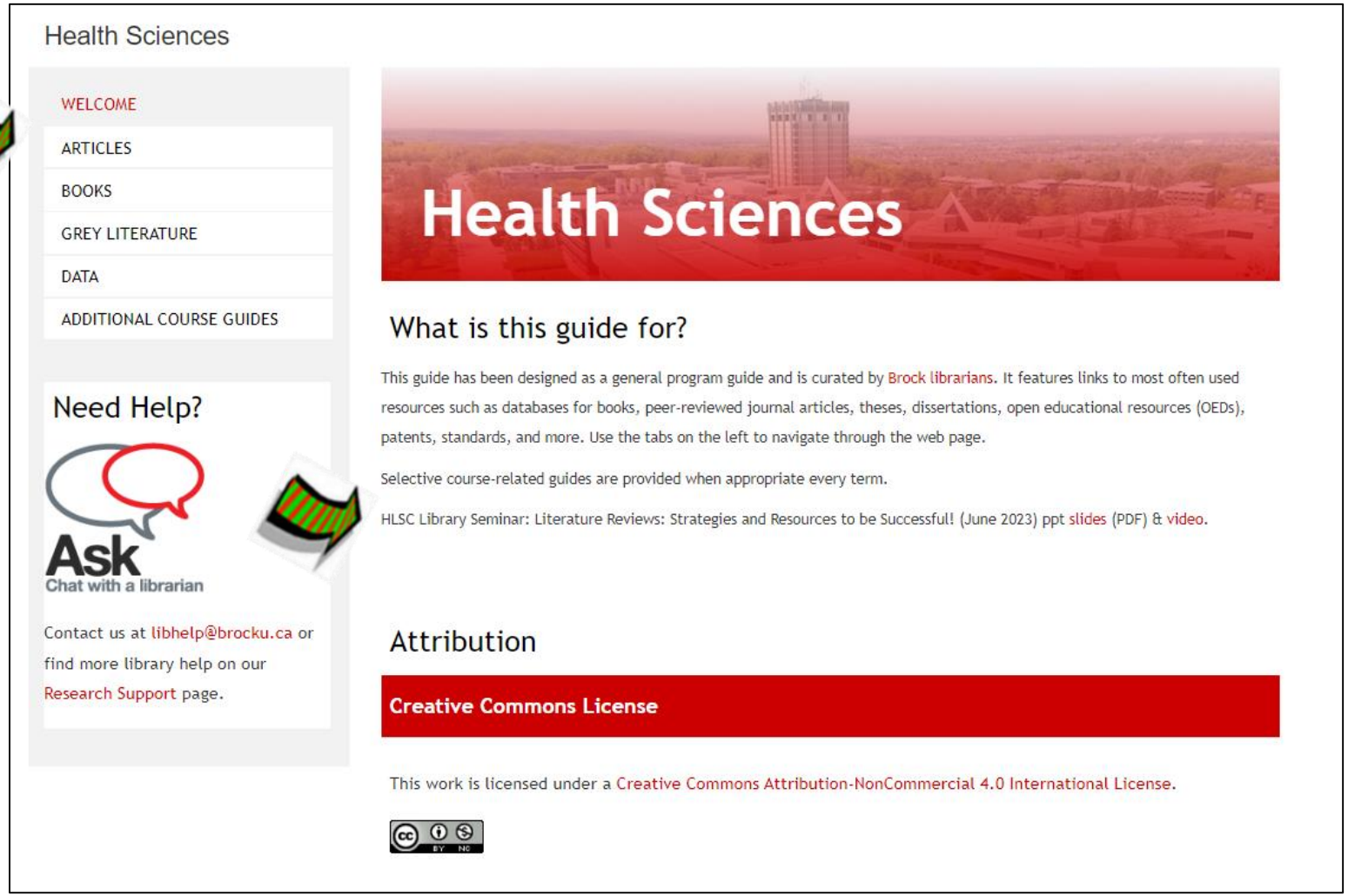

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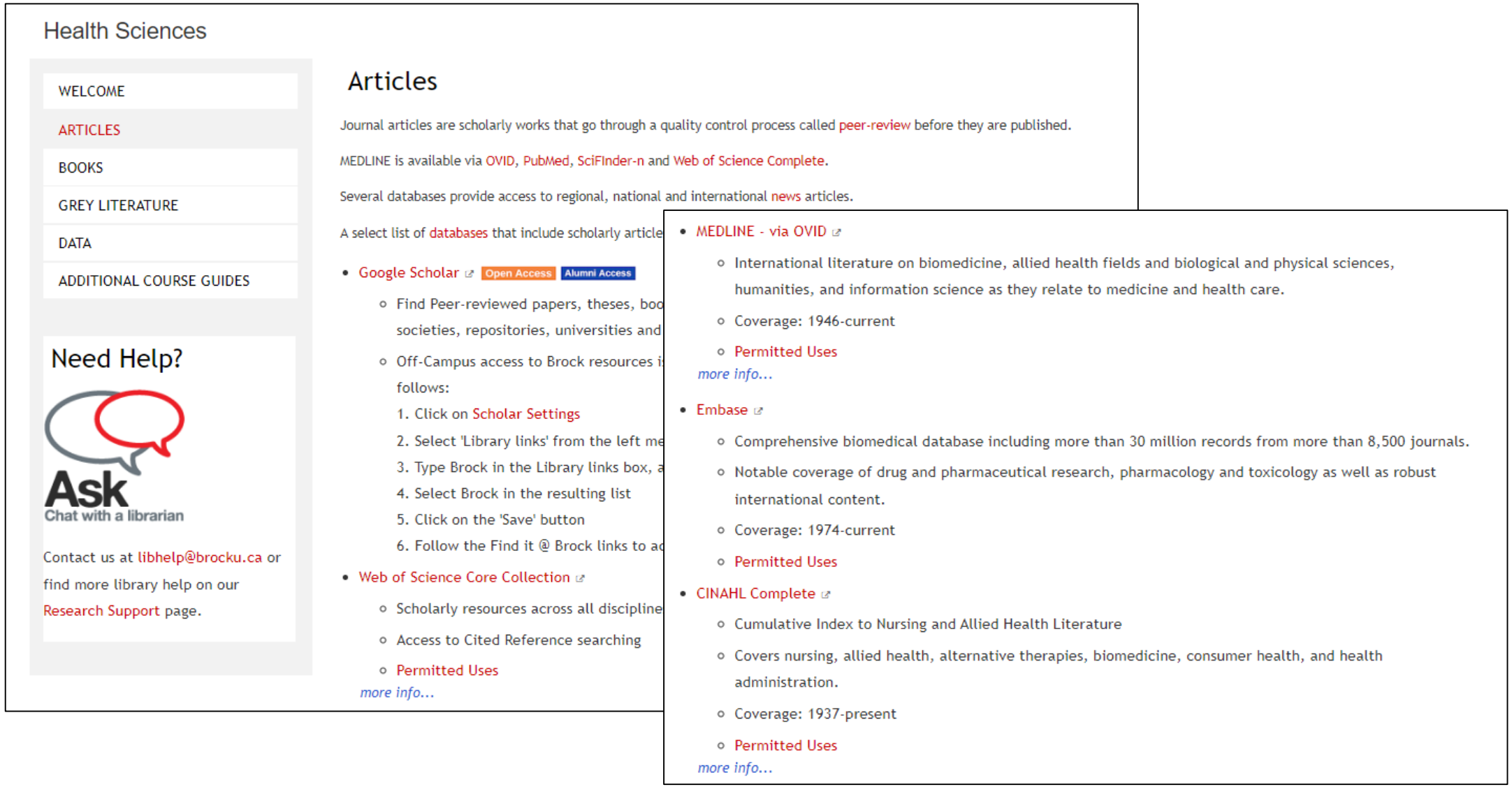

Health Sciences

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GREY LITERATURE

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ADDITIONAL COURSE GUIDES

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Ask
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Contact us at libhelp@brocku.ca or find more library help on our Research Support page.

Articles

Journal articles are scholarly works that go through a quality control process called peer-review before they are published.

MEDLINE is available via OVID, PubMed, SciFInder-n and Web of Science Complete.

Several databases provide access to regional, national and international news articles.

A select list of databases that include scholarly article

- Google Scholar Open Access Alumni Access
  - Find Peer-reviewed papers, theses, boo societies, repositories, universities and
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    2. Select 'Library links' from the left me
    3. Type Brock in the Library links box, a
    4. Select Brock in the resulting list
    5. Click on the 'Save' button
    6. Follow the Find it @ Brock links to ac
- Web of Science Core Collection
  - Scholarly resources across all discipline
  - Access to Cited Reference searching
  - Permitted Uses

more info...

- MEDLINE - via OVID
  - International literature on biomedicine, allied health fields and biological and physical sciences, humanities, and information science as they relate to medicine and health care.
  - Coverage: 1946-current
  - Permitted Uses

more info...

- Embase
  - Comprehensive biomedical database including more than 30 million records from more than 8,500 journals.
  - Notable coverage of drug and pharmaceutical research, pharmacology and toxicology as well as robust international content.
  - Coverage: 1974-current
  - Permitted Uses
- CINAHL Complete
  - Cumulative Index to Nursing and Allied Health Literature
  - Covers nursing, allied health, alternative therapies, biomedicine, consumer health, and health administration.
  - Coverage: 1937-present
  - Permitted Uses

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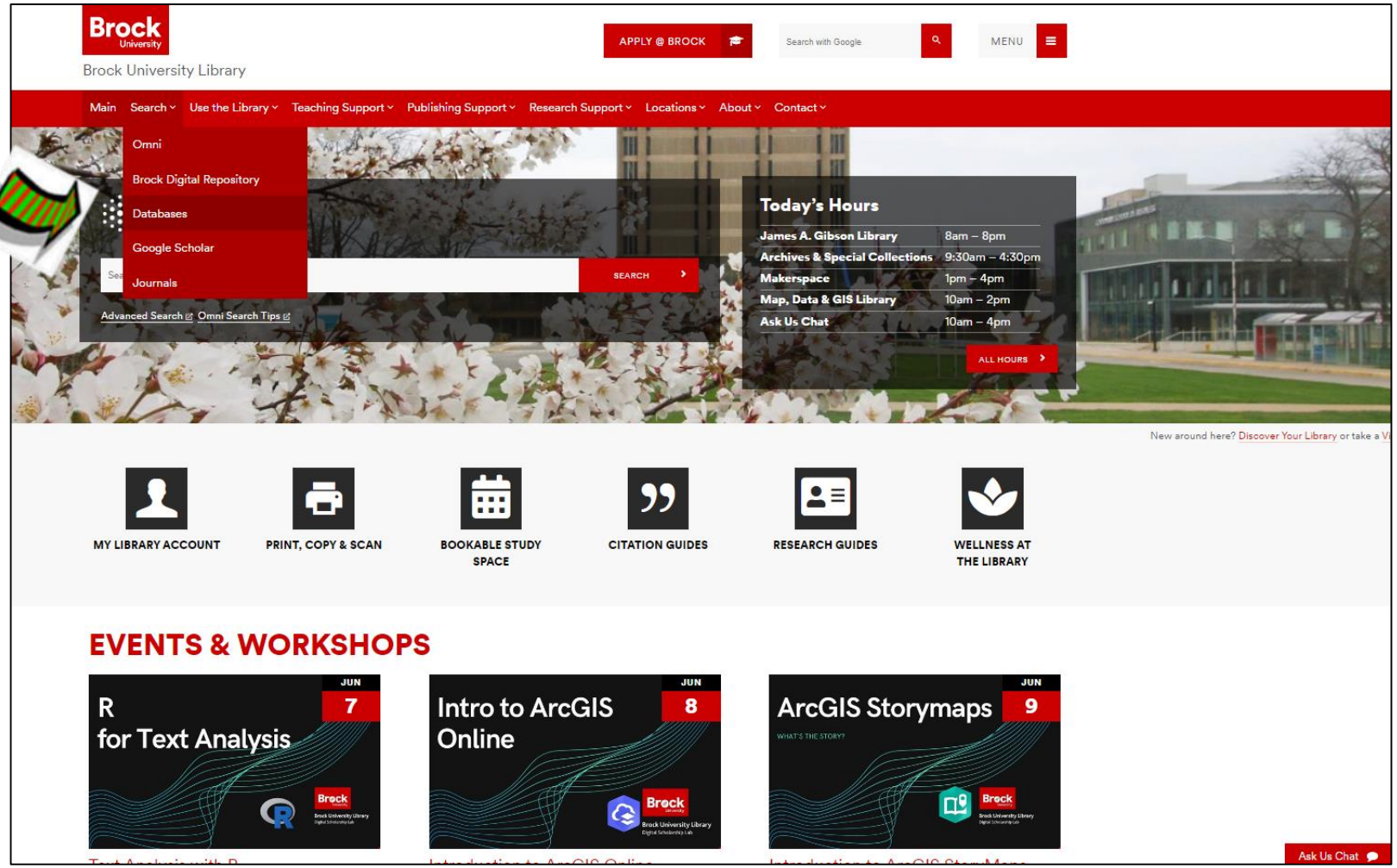

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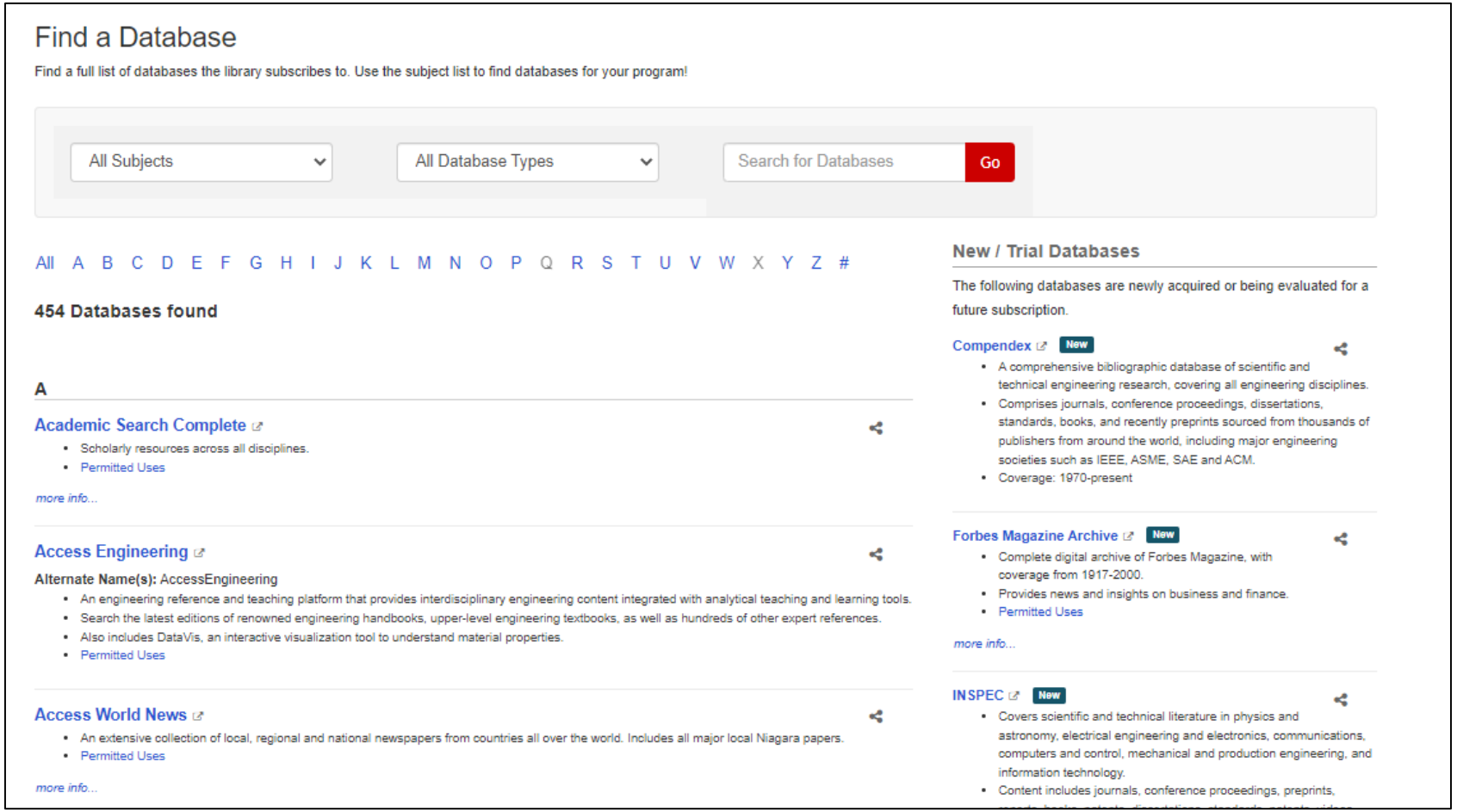

Find a Database

Find a full list of databases the library subscribes to. Use the subject list to find databases for your program!

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Access Engineering

Alternate Name(s): AccessEngineering
- An engineering reference and teaching platform that provides interdisciplinary engineering content integrated with analytical teaching and learning tools.
- Search the latest editions of renowned engineering handbooks, upper-level engineering textbooks, as well as hundreds of other expert references.
- Also includes DataVis, an interactive visualization tool to understand material properties.
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- A comprehensive bibliographic database of scientific and technical engineering research, covering all engineering disciplines.
- Comprises journals, conference proceedings, dissertations, standards, books, and recently preprints sourced from thousands of publishers from around the world, including major engineering societies such as IEEE, ASME, SAE and ACM.
- Coverage: 1970-present

Forbes Magazine Archive New
- Complete digital archive of Forbes Magazine, with coverage from 1917-2000.
- Provides news and insights on business and finance.
- Permitted Uses

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INSPEC New
- Covers scientific and technical literature in physics and astronomy, electrical engineering and electronics, communications, computers and control, mechanical and production engineering, and information technology.
- Content includes journals, conference proceedings, preprints,

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Web of Science Core Collection, Scopus

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MEDLINE via SciFinder-n
MEDLINE via OVID

Google, BASE, CORE, Dimensions, Directory of Open Access Journals (DOAJ),
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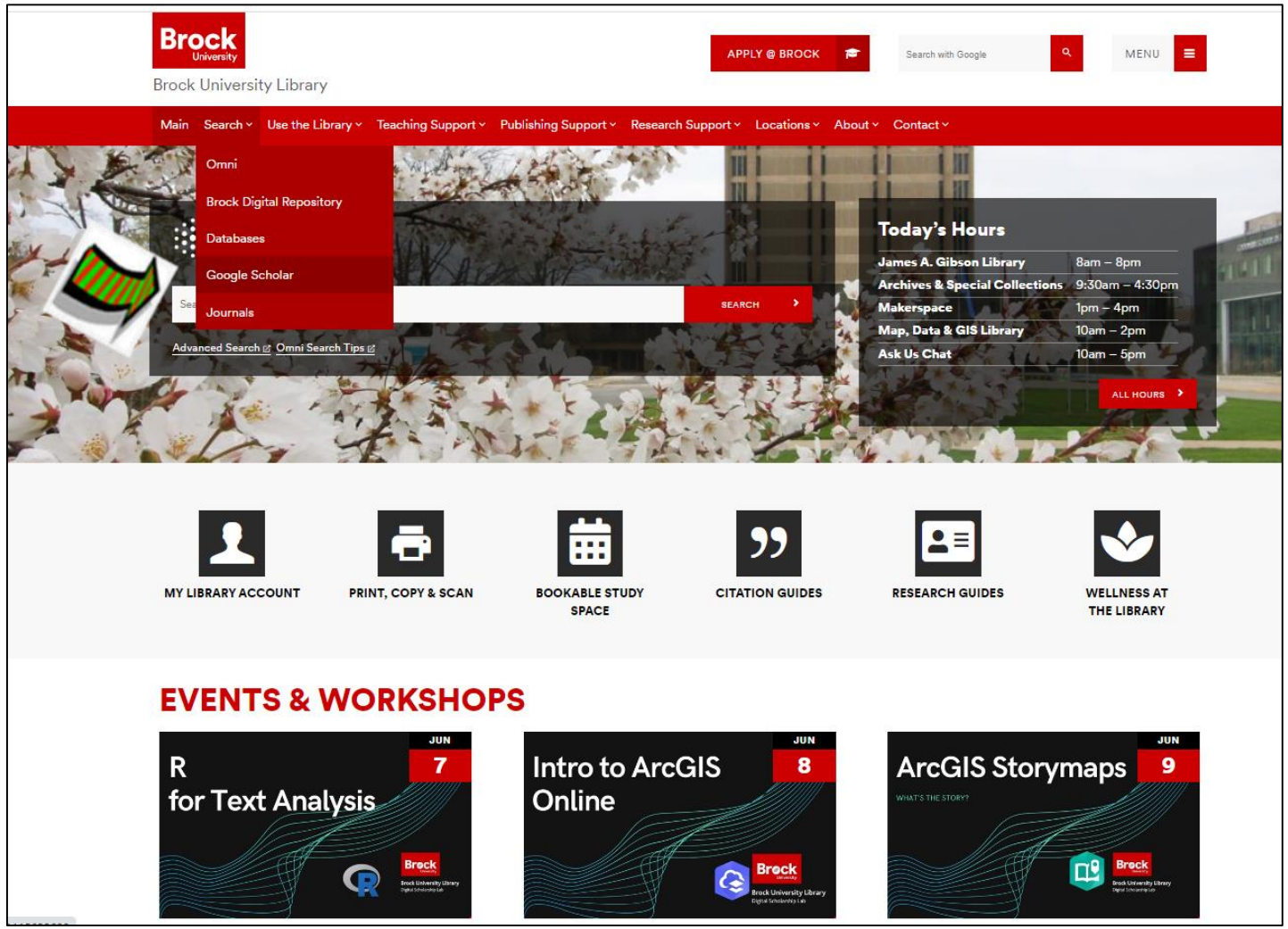

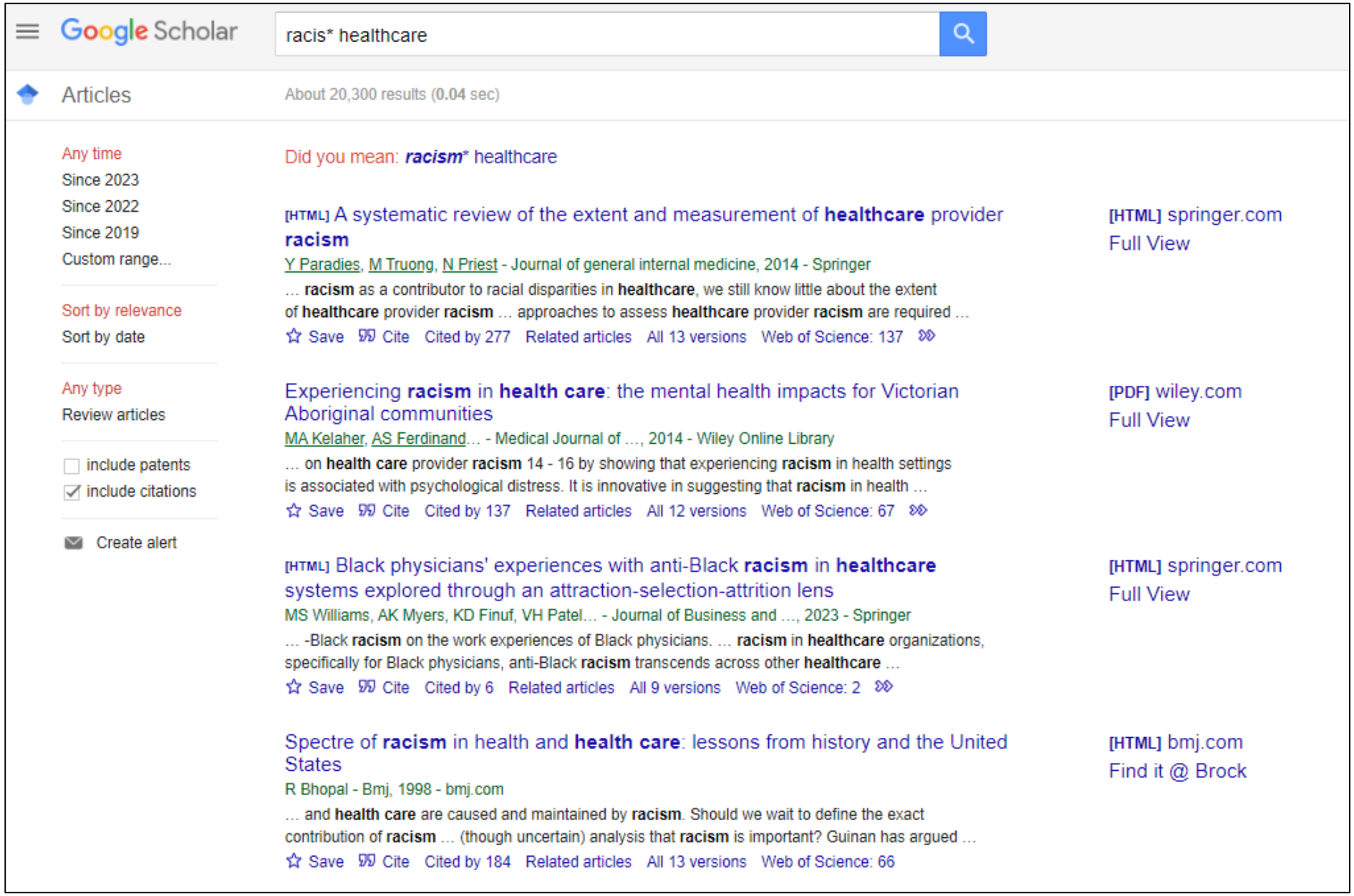
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[HTML] A systematic review of the extent and measurement of healthcare provider racism
Y Paradies, M Truong, N Priest - Journal of general internal medicine, 2014 - Springer
... racism as a contributor to racial disparities in healthcare, we still know little about the extent of healthcare provider racism ... approaches to assess healthcare provider racism are required ...
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Experiencing racism in health care: the mental health impacts for Victorian Aboriginal communities
MA Kelaher, AS Ferdinand... - Medical Journal of ..., 2014 - Wiley Online Library
... on health care provider racism 14 - 16 by showing that experiencing racism in health settings is associated with psychological distress. It is innovative in suggesting that racism in health ...
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MS Williams, AK Myers, KD Finuf, VH Patel... - Journal of Business and ..., 2023 - Springer
... -Black racism on the work experiences of Black physicians. ... racism in healthcare organizations, specifically for Black physicians, anti-Black racism transcends across other healthcare ...
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Spectre of racism in health and health care: lessons from history and the United States
R Bhopal - Bmj, 1998 - bmj.com
... and health care are caused and maintained by racism. Should we wait to define the exact contribution of racism ... (though uncertain) analysis that racism is important? Guinan has argued ...
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none of these words:		Put a minus sign just before words you don't want: `-rodent, -"Jack Russell"`
numbers ranging from:	to	Put 2 periods between the numbers and add a unit of measure: `10..35 lb, $300..$500, 2010..2011`

Then narrow your results by...		
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  - Book
    - Book part
  - Journal/Newspaper
    - Article contribution
    - Other non-article
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  - Report
  - Review
  - Course material
  - Lecture
  - Manuscript
  - Patent
  - Thesis
    - Bachelor's thesis
    - Master's thesis
    - Doctoral and postdoctoral thesis
- Musical notation
- Image/Video
  - Still Image
  - Moving Image/Video
- Software
- Map
- Dataset
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- Unknown

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- Software Licences
  - GPL
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29. Racism: a major impediment to optimal Indigenous health and health care in Australia

Author:	Niyi Awofeso [claim]
Description:	**Racism** has major adverse impacts on the **health** of Indigenous Australians, and significantly hinders their access to effective **health** care. This paper aims to highlight the scope and ramifications of **racism** on **health** and **health** care of Indigenous...
Publisher, Year:	Australian Indigenous HealthInfoNet, 2011-07-28 00:00:00
Document Type:	Report ; [Report]
Content Provider:	Australian Policy Online (Institute for Social Research, Swinburne University of Technology)

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30. The Crisis of Stigma: Young Adults' Negotiation of Racism and Homelessness In Trenton's Health Care System

Author:	Kasdin, Rachel [claim]
Description:	In Trenton, New Jersey, hundreds of young adults of color experience homelessness each year with significant negative effects on their **health**. Through semi-structured interviews with nine homeless young adults of color and ten professionals ("key...
Year:	2020-05-01
Document Type:	Princeton University Senior Theses ; [Bachelor's thesis]
Content Provider:	DataSpace at Princeton University

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Social Science & Medicine 199 (2018) 181–188

Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/socscimed

Tackling racism as a "wicked" public health problem: Enabling allies in anti-racism praxis

Heather Came [a, *], Derek Griffith [b]

[a] Faculty of Health and Environment Sciences, Auckland University of Technology, Private Bag 92006, Auckland, New Zealand
[b] Centre for Medicine, Health and Society, Vanderbilt University, PMB #351665, 2301 Vanderbilt Place, Nashville, TN 37235-1665, USA

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Ethnic inequities
Public health
Māori
Black americans
Allies
Decolonisation

ABSTRACT

Racism is a "wicked" public health problem that fuels systemic health inequ... groups in New Zealand, the United States and elsewhere. While literature has... effects on health, the work describing how to intervene to address racism... developed. While the notion of raising awareness of racism through socio-political education is not new, given the way racism has morphed into new narratives in health institutional settings, it has become critical to support allies to make informing efforts to address racism as a fundamental cause of health inequities. In this paper, we make the case for anti-racism praxis as a tool to address inequities in public health, and focus on describing an anti-racism praxis framework to inform the training and support of allies. The limited work on anti-racism rarely articulates the unique challenges or needs of allies or targets of racism, but we seek to help fill that gap. Our anti-racism praxis for allies includes five core elements: reflexive relational praxis, structural power analysis, socio-political education, monitoring and evaluation and systems change approaches. We recognize that racism is a modifiable determinant of health and racial inequities can be eliminated with the necessary political will and a planned system change approach. Anti-racism praxis provides the tools to examine the interconnection and interdependence of cultural and institutional factors as a foundation for examining where and how to intervene to address racism.

1. Introduction

Racism, is the epitome of what Rittel and Webber (1973) in their landmark text describe as a "wicked" problem. "Wicked" problems are complex problems that are highly resistant to solutions and that are characterized by high difficulty and disagreement about the nature and cause of the problem and their potential solutions. Racism also may be considered a fundamental determinant of health because it is a dynamic process that endures and adapts over time, and because it influences multiple mechanisms, policies, practices and pathways that ultimately affect health (Phelan and Link, 2015; Ramaswamy and Kelly, 2015). There is a long history of research on racism, colonization and white supremacy across the globe describing the scope and depth of the problem (W. M. Byrd and Clayton, 2003; Rodney, 2012). Racism, as a legacy of colonization and slavery, has had profound intergenerational effects on health, social and economic outcomes (Alvarez et al., 2016; Y Paradies, 2016a).

1.1. What is racism?

Racism has been defined as "an organized system, rooted in an ideology of inferiority that categorizes, ranks, and differentially allocates societal resources to human population groups" (D. R. Williams and Rucker, 2000 p. 76). Consequently, racism is an analytic tool to explain systems, patterns and outcomes that vary by population groups that are broader than the explicit decisions and practices of individuals, organizations or institutions. Beyond a series of isolated incidents or acts, racism is a deeply ingrained aspect of life that reflects norms and practices that are often perceived as ordinary, constant and chronic (Ford and Airhihenbuwa, 2010a, 2010b). Racism is a violent system of power that can be active and explicit, passive and implicit, or between this binary (Young and Marion, 1990). Racism pervades national cultures via institutional structures, as well as the ideological

* Corresponding author.
E-mail addresses: Heather.came@aut.ac.nz (H. Came), derek.griffith@vanderbilt.edu (D. Griffith).

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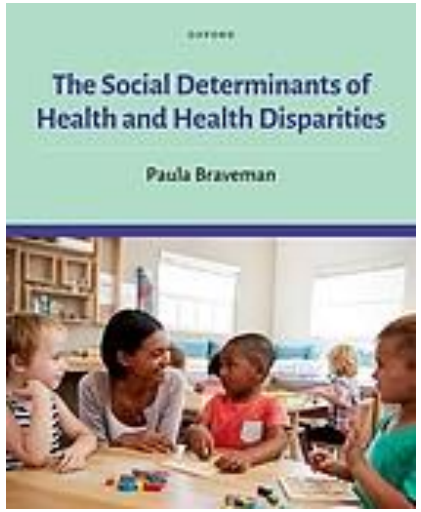
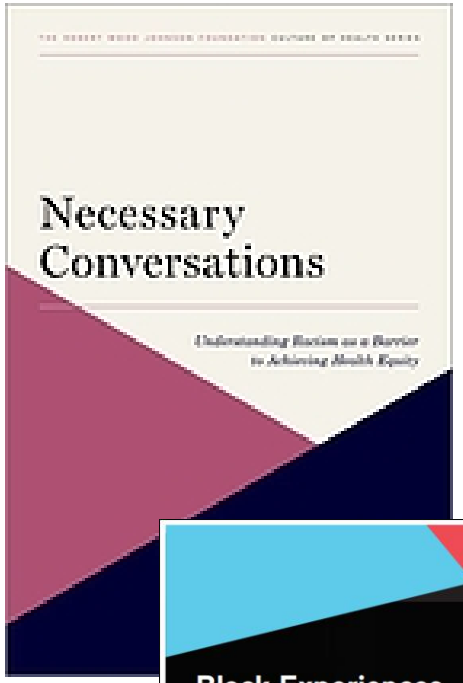
0277-9536/

Came, H., & Griffith, D. (2018). Tackling racism as a "wicked" public health problem: Enabling allies in anti-racism praxis. *Social Science & Medicine, 199*, 181–188. https://doi.org/10.1016/j.socscimed.2017.03.028


The Social Determinants of Health and Health Disparities
Paula Braveman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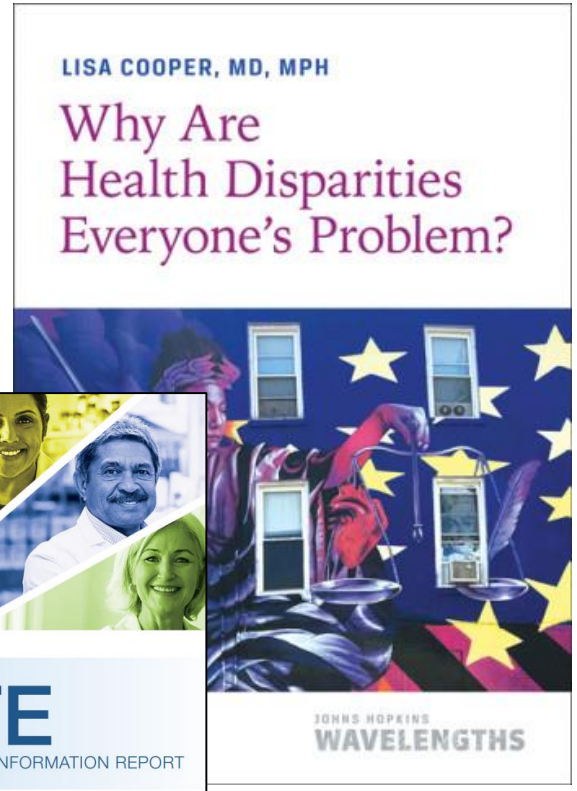
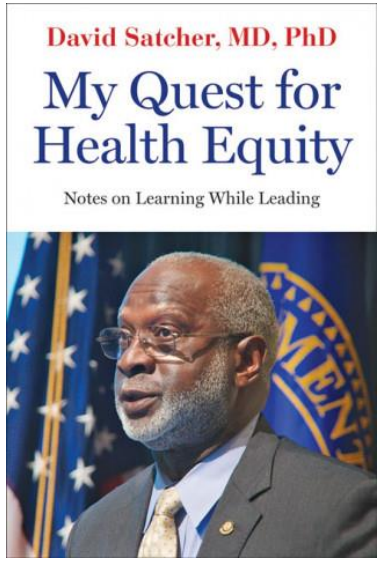
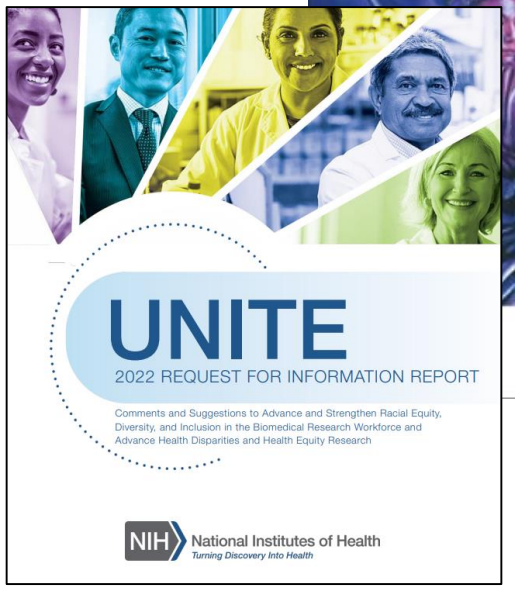

LISA COOPER, MD, MPH
Why Are Health Disparities Everyone's Problem?
JOHNS HOPKINS
WAVELENGTHS


David Satcher, MD, PhD
My Quest for Health Equity
Notes on Learning While Leading


FIGHTING FOR A HAND TO HOLD


Black Experiences in Health Care
Symposium Report
Sinai Health System
Human Rights & Health Equity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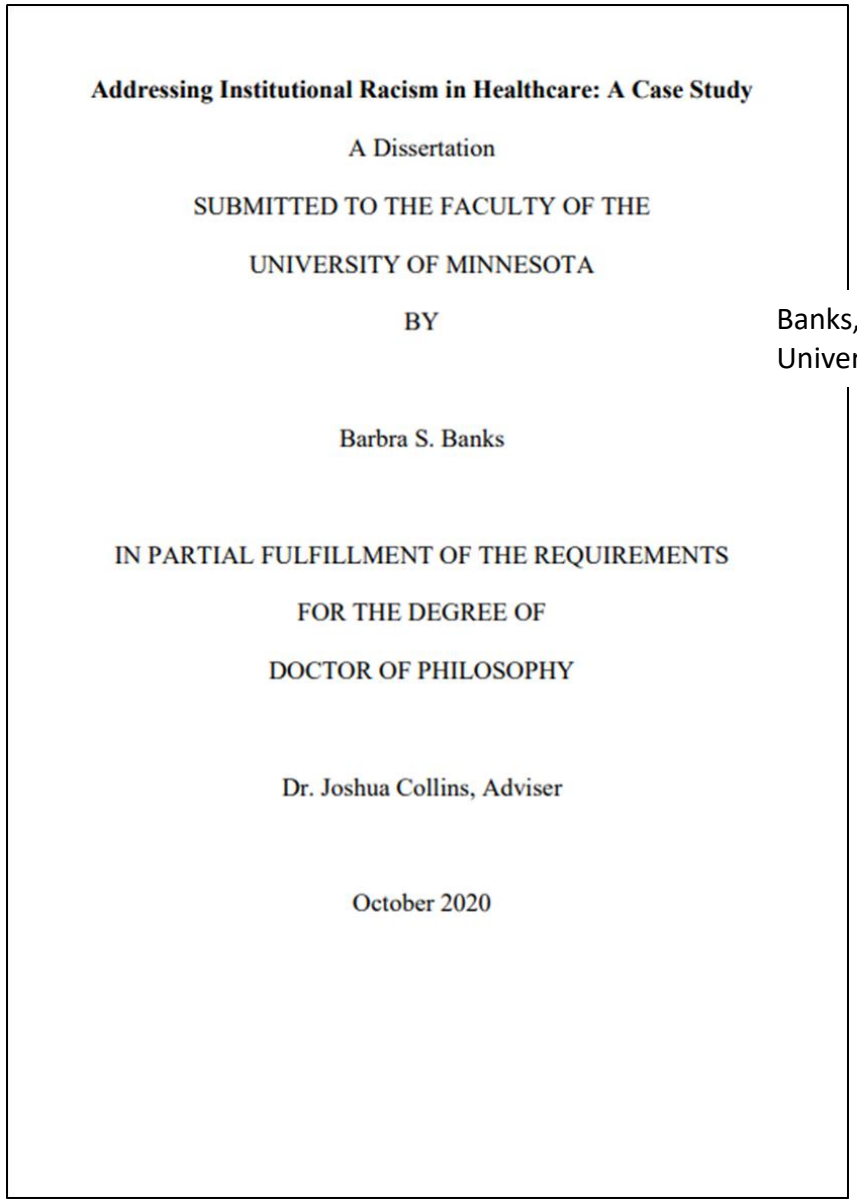
2022 REQUEST FOR INFORMATION REPORT
Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research
NIH National Institutes of Health
Turning Discovery Into Health



Addressing Institutional Racism in Healthcare: A Case Study

A Dissertation

SUBMITTED TO THE FACULTY OF THE

UNIVERSITY OF MINNESOTA

BY

Barbra S. Banks

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

Dr. Joshua Collins, Adviser

October 2020

Banks, B. S. (2020). Addressing Institutional Racism in Healthcare: A Case Study [Ph.D., University of Minnesota].

Chapter 2: Literature Review

The literature review explores the extent to which three bodies of research and practice approach and address institutional racism. To start, a definition of institutional racism is explored, and contrasted with individual, personally-mediated racism. Thereafter, three bodies of work related to institutional racism are explored: 1) racial healthcare equity, 2) workplace D&I, and 3) HRD. Each section provides a review of relevant literature on how institutional racism is addressed, if at all. The chapter closes with an explanation of the study's conceptual framework.

Institutional Racism

Systemic racism remains an empirically overlooked factor in racial health inequities. Came and Griffith (2017) defined systemic racism as an "organized system, rooted in an ideology of inferiority that categorizes, ranks, and differentially allocates societal resources to human population groups" (p. 76). Systems include, but are not limited to, institutions such as government, legal, education, and healthcare.

One institution central to the discussion of institutional racism and racial health inequities is healthcare organizations. Jones (2000) defined institutional racism as "differential access to the goods, services, and opportunities of society by race" (p. 1212). She further stated institutional racism is "normative, sometimes legalized, and often manifests as inherited disadvantage, [and] codified in our institutions of custom, practice" (p.1212). Institutional racism differs from individual racism in its level of analysis; instead of conceptualized as attitudes, beliefs, and behaviors individuals hold and exhibit towards another, institutional racism is a set of policies, procedures, and practices an institution, such as a healthcare organization, has in place that implicitly or explicitly

Came, H., & Griffith, D. (2017). Tackling racism as a "wicked" public health problem: Enabling allies in anti-racism praxis. *Social Science and Medicine*, 1-8. http://dx.doi.org/10.1016/j.socscimed.2017.03.028

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Bibliography

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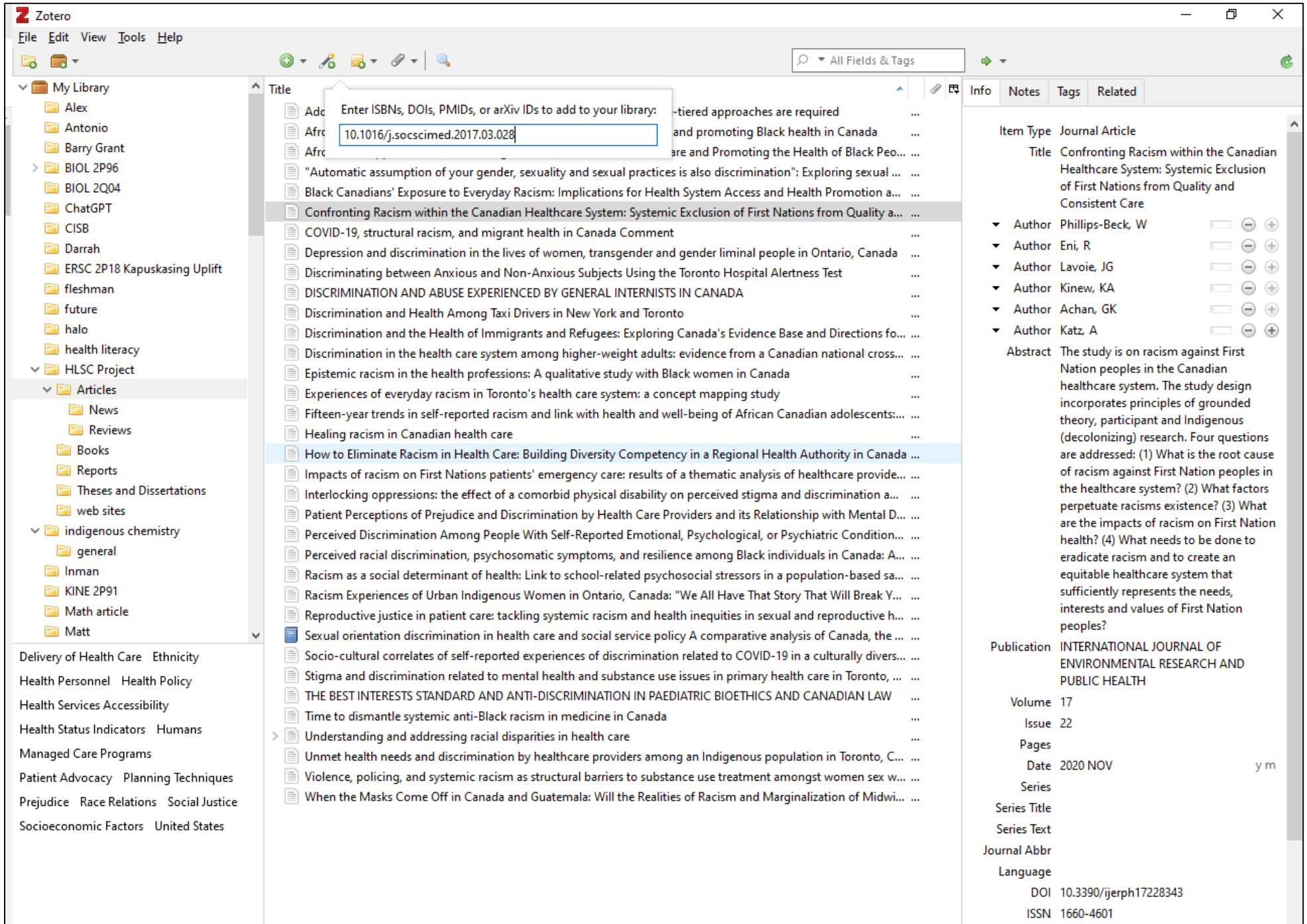
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Info
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Title Confronting Racism within the Canadian Healthcare System: Systemic Exclusion of First Nations from Quality and Consistent Care
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Abstract The study is on racism against First Nation peoples in the Canadian healthcare system. The study design incorporates principles of grounded theory, participant and Indigenous (decolonizing) research. Four questions are addressed: (1) What is the root cause of racism against First Nation peoples in the healthcare system? (2) What factors perpetuate racisms existence? (3) What are the impacts of racism on First Nation health? (4) What needs to be done to eradicate racism and to create an equitable healthcare system that sufficiently represents the needs, interests and values of First Nation peoples?
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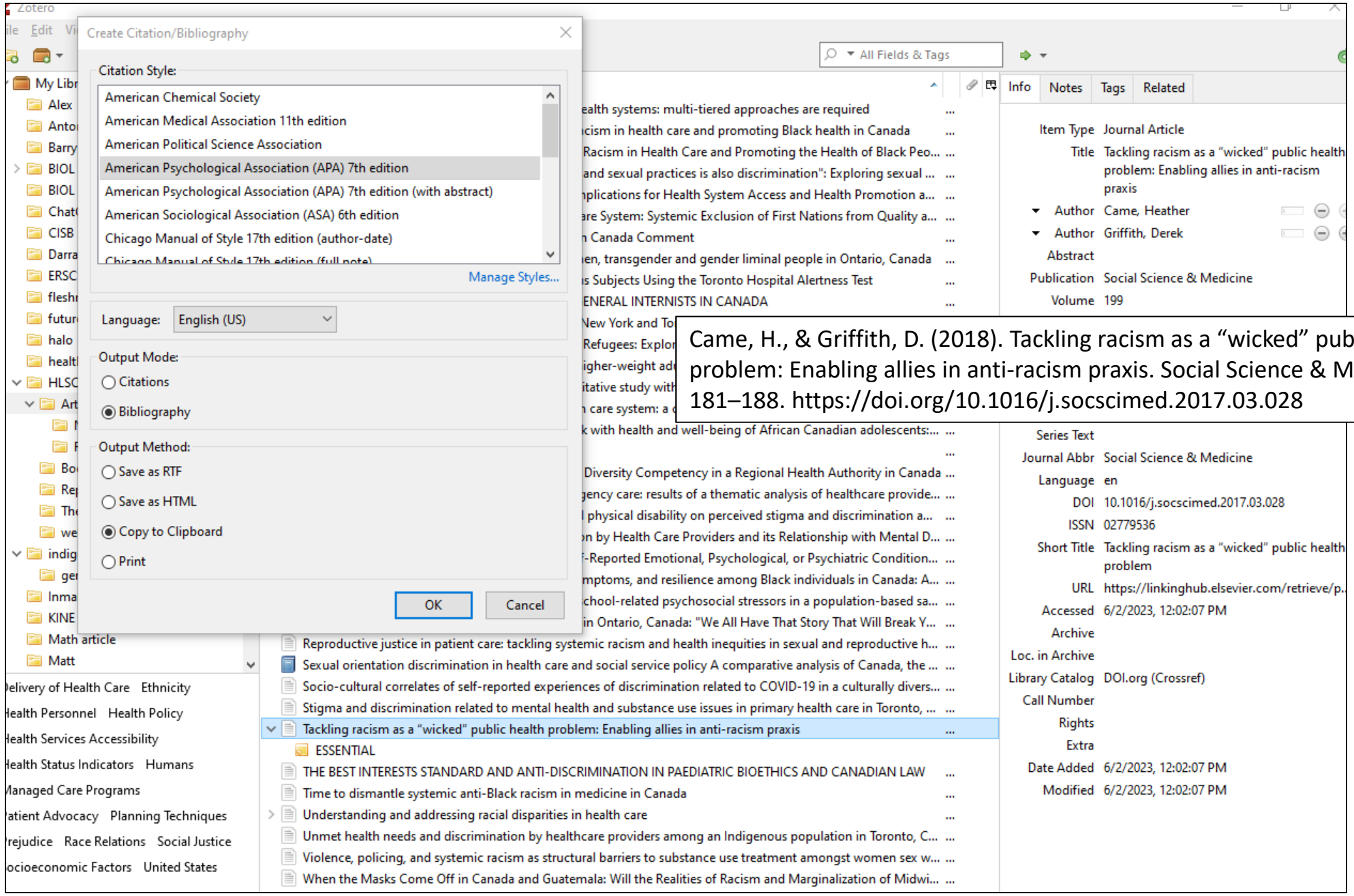
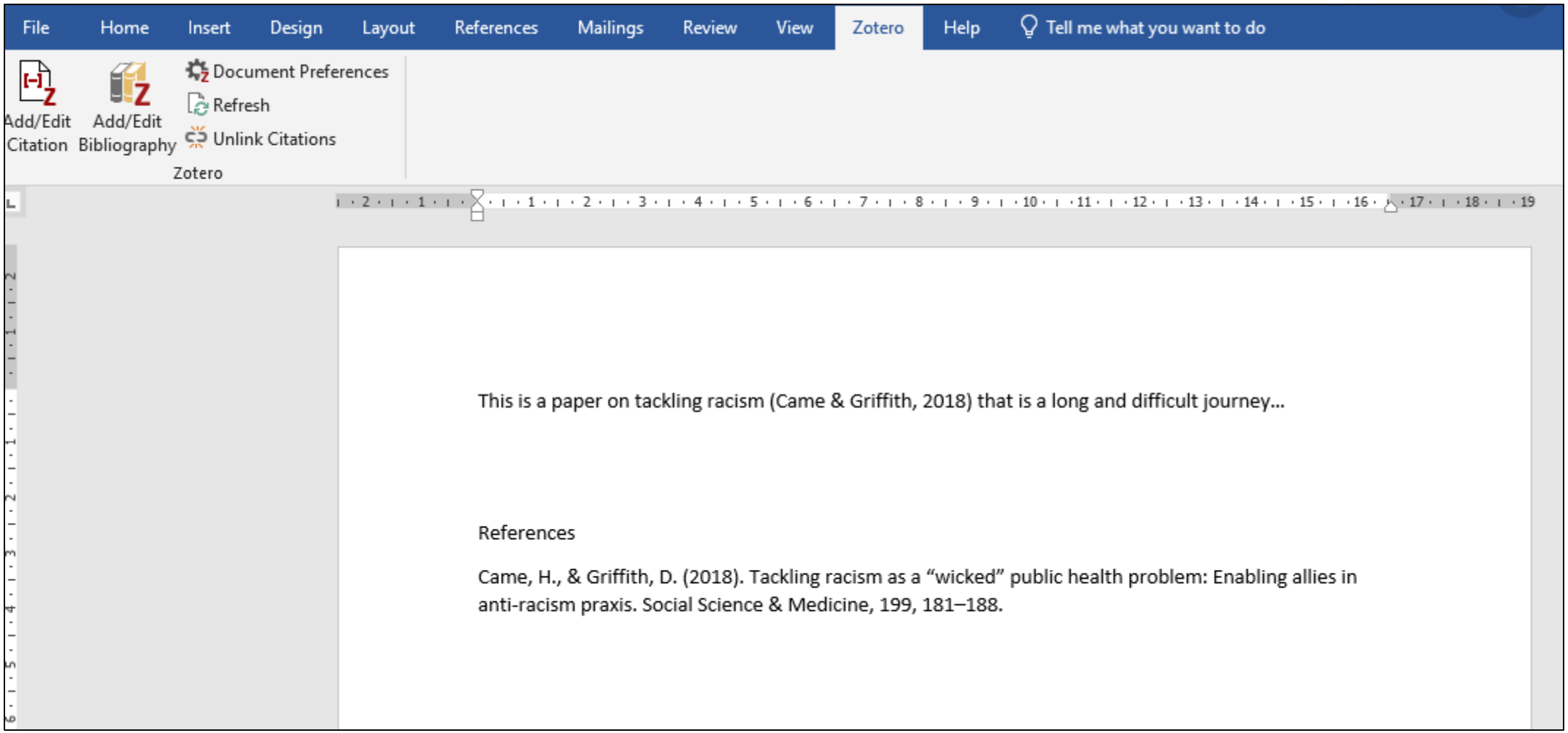


Came, H., & Griffith, D. (2018). Tackling racism as a “wicked” public health problem: Enabling allies in anti-racism praxis. Social Science & Medicine, 199, 181–188. https://doi.org/10.1016/j.socscimed.2017.03.028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This is a paper on tackling racism (Came & Griffith, 2018) that is a long and difficult journey...
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Came, H., & Griffith, D. (2018). Tackling racism as a “wicked” public health problem: Enabling allies in anti-racism praxis. Social Science & Medicine, 199, 181–188.

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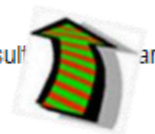
Showing the best resul  arch. See all results

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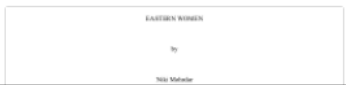

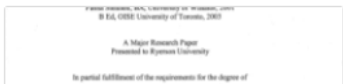

Shree Paradkar: Knock down anti-Black racism in medicine, two powerhouse advocates tell health-care sector in new CMAJ article

thestar.com

January 11, 2021 Monday

Section: OPINION; Pg. 0

Length: 1193 words

Byline: Shree Paradkar

Body

"I've been to the emergency department and been told I wasn't having a crisis. They didn't believe me until I threw up on myself. It turns out I had a blood clot and the vein was twice the normal size" - unnamed Black man quoted in an Ontario Ministry of Health report in 2017.

When rapper John River went to a hospital emergency room in 2017 with shortness of breath and severe headaches, he was treated like he was faking his symptoms to get drugs. When he turned to social media for help, well-wishers told him how he and his family acted and dressed at the hospital would impact the kind of care he would receive. No hoodies, for instance. His mother tried to button a dress shirt on to him as he lay unconscious on a stretcher. He was eventually diagnosed with a spontaneous cerebrospinal fluid leak from a prior procedure.

For years, Black people have shared, with data scientists, governments, academics, journalists and each other, terrifying stories of not being believed in hospitals, of receiving substandard care, of feeling like they were left to die.

In this COVID-era, race-aggregated data showing Black people disproportionately impacted by the virus has rightly raised awareness and alarm over the impact of racism across systems leading to that outcome.

"The field of medicine can no longer deny or overlook the existence of systemic anti-Black racism in Canada and how it affects the health of Black people and communities," write OmiSoore Dryden of Dalhousie University and Onye Nnorom from the University of Toronto.

In a Canadian Medical Association Journal article released Monday, the two powerhouse experts in the field of anti-Black racism in medicine say the health-care system needs to focus on - and redress - not only the reasons that send Black Canadians to hospitals but how they're treated when they get there.

Despite protests against anti-Black racism this summer, despite the UN expressing concern in 2017 of the plight of Black Canadians, "the impression that we got is that many Canadian physicians did not think that anti-Black racism is a problem in Canada," Nnorom told the Star. And that "most physicians do not have an understanding of how racism operates as a system such that some groups are disproportionately disadvantaged."

With this article, Dryden said, the authors aimed to "tell practitioners and clinicians that your patients are not just bodies in front of you. They come with experiences. One of the experiences your Black patients come with is anti-Black racism."

Dryden is the James R. Johnston (JRJ) Chair in Black Canadian Studies at Dalhousie University's faculty of medicine. Nnorom is trained as a public health physician and a family physician and has published several articles in medicine.

"There's always an excuse for why something isn't anti-Black racism as opposed to sitting with it for a moment (and thinking) 'If this is racism what should I be doing differently?' And nobody asks themselves that question. That's the thing we want them to ask themselves."

Paradkar, S. (Jan 11, 2021). Shree Paradkar: Knock down… *Toronto Star*.

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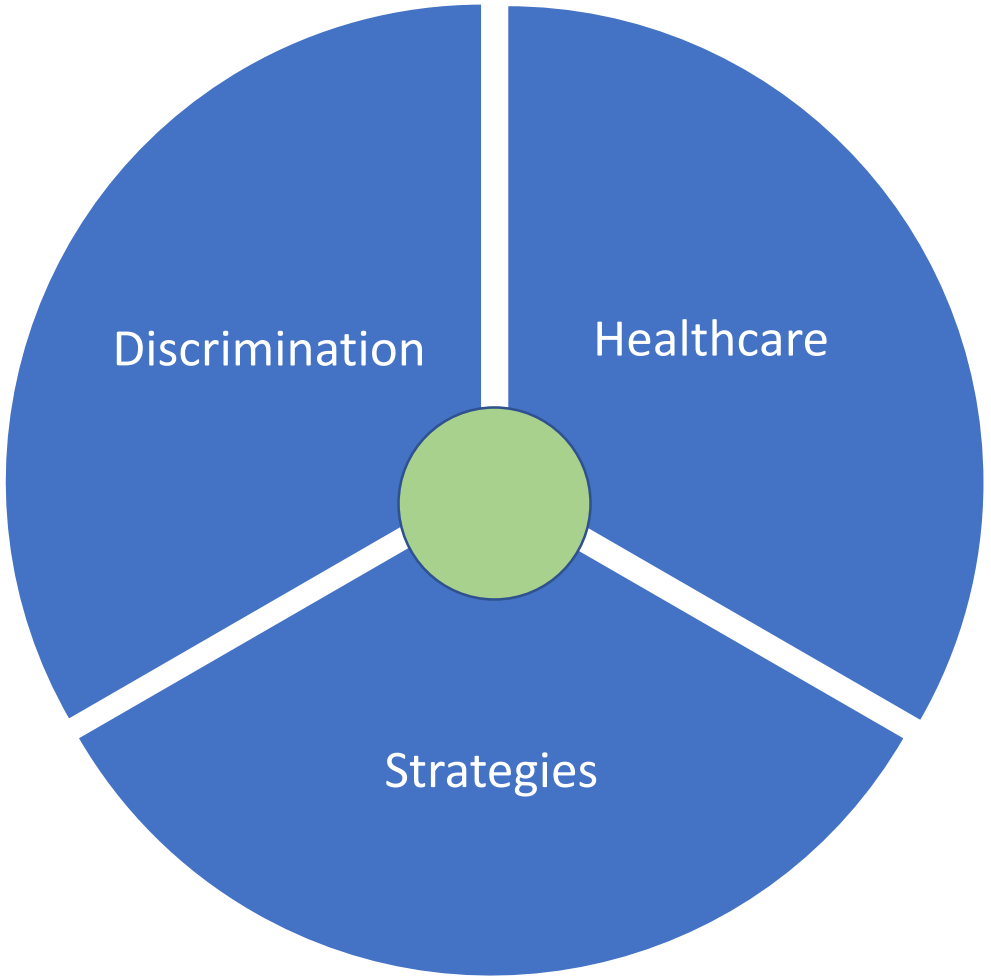

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Strategies on disrupting discrimination within healthcare.

Discrimination:

Healthcare:

Strategies:

PICO: Population / Intervention / Comparison / Outcome

Currency:

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Database(s):

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Discrimination: discriminat* or racis* or prejudice*

Healthcare: healthcare or “health care” or physician* or doctor* or nurs*

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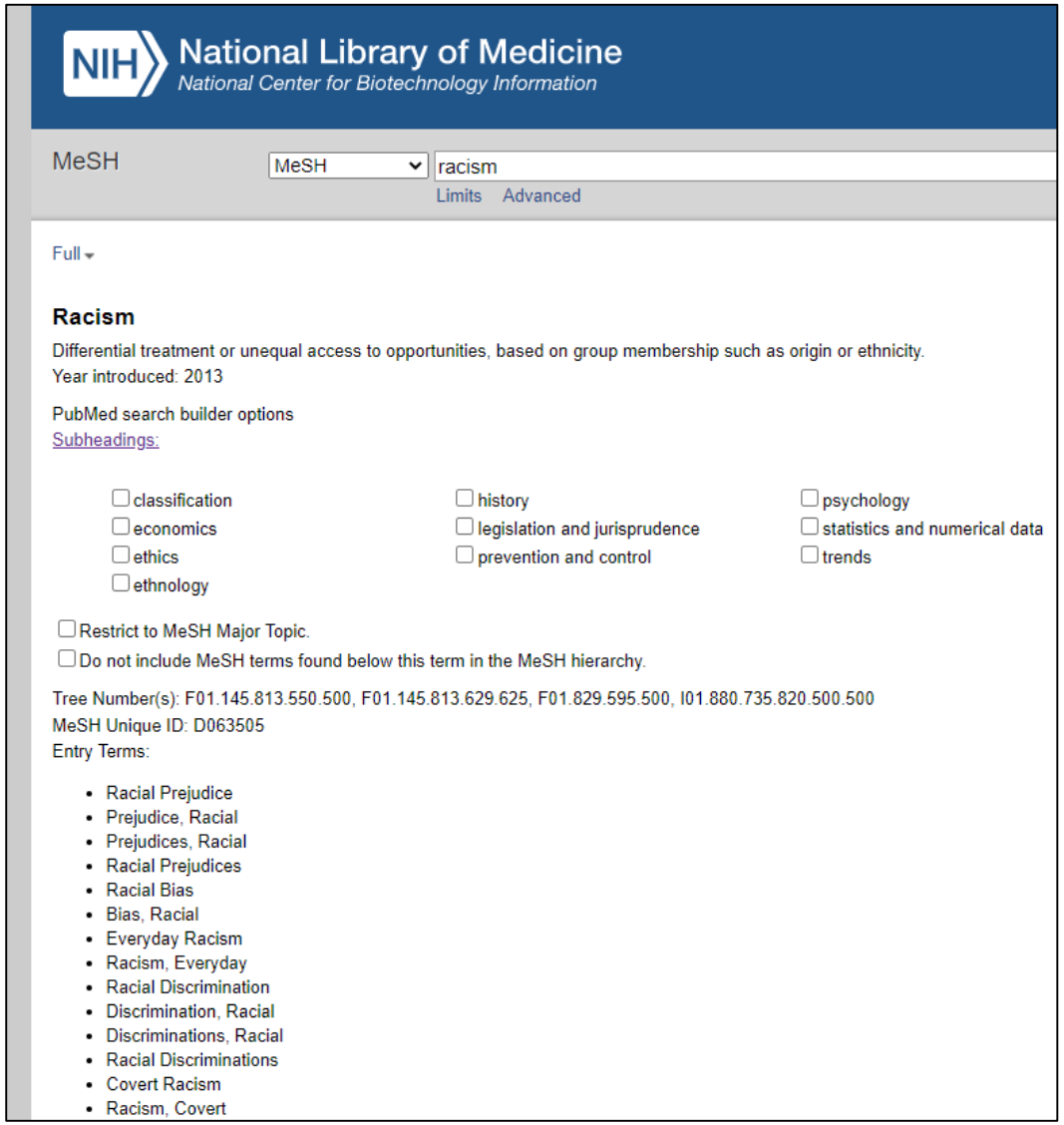

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MeSH | MeSH | racism
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Full

Racism

Differential treatment or unequal access to opportunities, based on group membership such as origin or ethnicity.
Year introduced: 2013

PubMed search builder options
Subheadings:

- classification
- economics
- ethics
- ethnology
- history
- legislation and jurisprudence
- prevention and control
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MeSH Unique ID: D063505
Entry Terms:

- Racial Prejudice
- Prejudice, Racial
- Prejudices, Racial
- Racial Prejudices
- Racial Bias
- Bias, Racial
- Everyday Racism
- Racism, Everyday
- Racial Discrimination
- Discrimination, Racial
- Discriminations, Racial
- Racial Discriminations
- Covert Racism
- Racism, Covert

Previous Indexing:

- Prejudice (1994-2012)

See Also:

- Antiracism

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Behavior
Social Behavior
Prejudice
Racism
Systemic Racism

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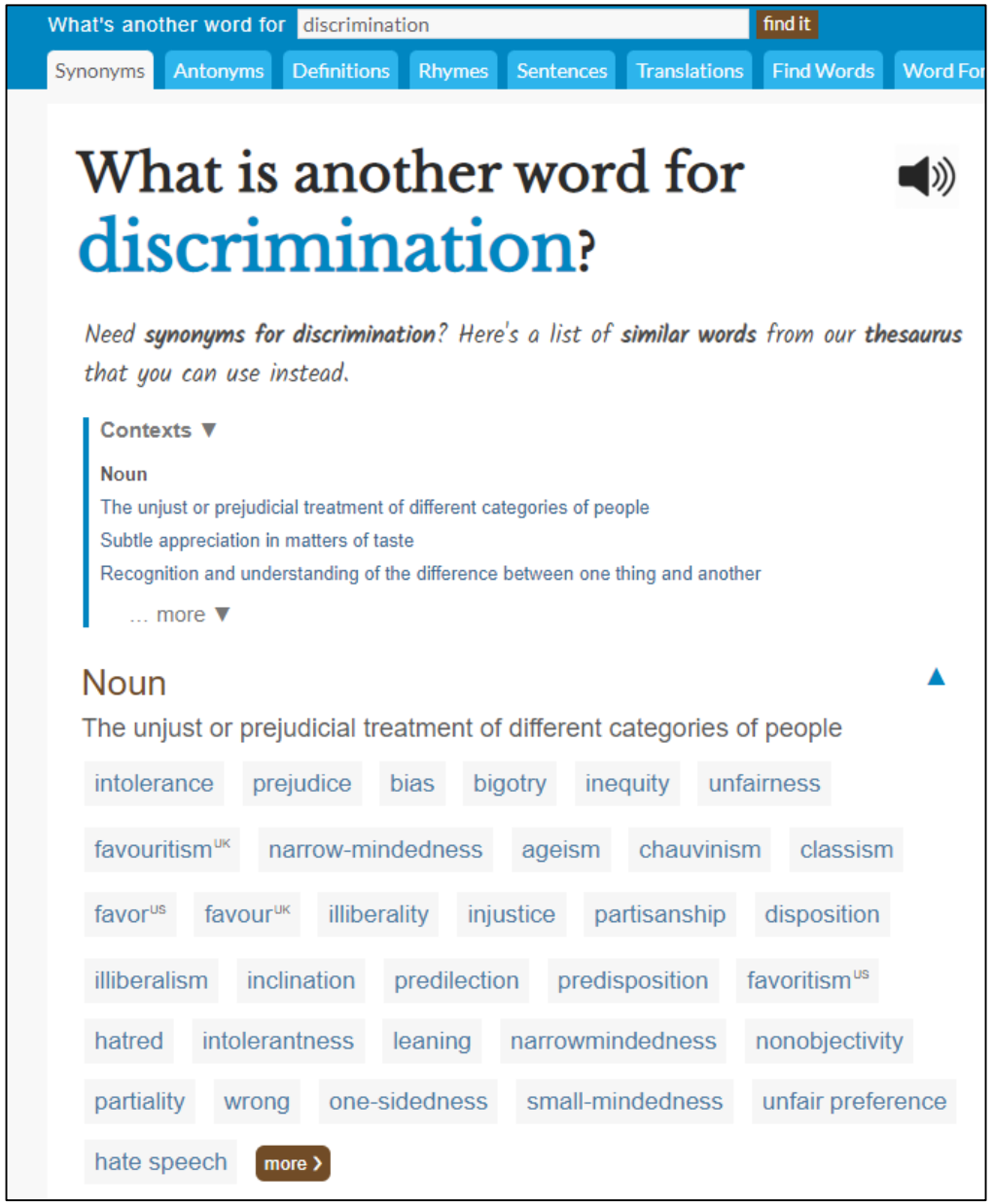

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Tackling racism as a "wicked" public health problem: Enabling allies in anti-racism praxis

Heather Came [a, *], Derek Griffith [b]

[a] Faculty of Health and Environment Sciences, Auckland University of Technology, Private Bag 92006, Auckland, New Zealand
[b] Centre for Medicine, Health and Society, Vanderbilt University, PMB #351665, 2301 Vanderbilt Place, Nashville, TN 37235-1665, USA

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Allies
Decolonisation

ABSTRACT

Racism is a "wicked" public health problem that fuels systemic health inequities between population groups in New Zealand, the United States and elsewhere. While literature has examined racism and its effects on health, the work describing how to intervene to address racism in public health is less developed. While the notion of raising awareness of racism through socio-political education is not new, given the way racism has morphed into new narratives in health institutional settings, it has become critical to support allies to make informing efforts to address racism as a fundamental cause of health inequities. In this paper, we make the case for anti-racism praxis as a tool to address inequities in public health, and focus on describing an anti-racism praxis framework to inform the training and support of allies. The limited work on anti-racism rarely articulates the unique challenges or needs of allies or targets of racism, but we seek to help fill that gap. Our anti-racism praxis for allies includes five core elements: reflexive relational praxis, structural power analysis, socio-political education, monitoring and evaluation and systems change approaches. We recognize that racism is a modifiable determinant of health and racial inequities can be eliminated with the necessary political will and a planned system change approach. Anti-racism praxis provides the tools to examine the interconnection and interdependence of cultural and institutional factors as a foundation for examining where and how to intervene to address racism.

1. Introduction

Racism, is the epitome of what Rittel and Webber (1973) in their landmark text describe as a "wicked" problem. "Wicked" problems are complex problems that are highly resistant to solutions and that are characterized by high difficulty and disagreement about the nature and cause of the problem and their potential solutions. Racism also may be considered a fundamental determinant of health because it is a dynamic process that endures and adapts over time, and because it influences multiple mechanisms, policies, practices and pathways that ultimately affect health (Phelan and Link, 2015; Ramaswamy and Kelly, 2015). There is a long history of research on racism, colonization and white supremacy across the globe describing the scope and depth of the problem (W. M. Byrd and Clayton, 2003; Rodney, 2012). Racism, as a legacy of colonization and slavery, has had profound intergenerational effects on health, social and economic outcomes (Alvarez et al., 2016; Y Paradies, 2016a).

1.1. What is racism?

Racism has been defined as "an organized system, rooted in an ideology of inferiority that categorizes, ranks, and differentially allocates societal resources to human population groups" (D. R. Williams and Rucker, 2000 p. 76). Consequently, racism is an analytic tool to explain systems, patterns and outcomes that vary by population groups that are broader than the explicit decisions and practices of individuals, organizations or institutions. Beyond a series of isolated incidents or acts, racism is a deeply ingrained aspect of life that reflects norms and practices that are often perceived as ordinary, constant and chronic (Ford and Airhihenbuwa, 2010a, 2010b). Racism is a violent system of power that can be active and explicit, passive and implicit, or between this binary (Young and Marion, 1990). Racism pervades national cultures via institutional structures, as well as the ideological

* Corresponding author.
E-mail addresses: Heather.came@aut.ac.nz (H. Came), derek.griffith@vanderbilt.edu (D. Griffith).

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0277-9536/

Authors' keywords:
Racism, anti-racism, ethnic inequalities, public health, Maori, Black Americans, decolonization

MEDLINE MeSH Subjects:
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Embase Emtree Subjects:
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racism, public health, healthcare disparities, social determinants of health, public policy, support, psychosocial

ProQuest Sociology:
racism, public health, ethnicity, racial identity, inequality, health problems, consciousness, training, change agents, power structure, interdependence, sociopolitical factors, Black people

Web of Science
Institutional racism, anti-racism, disparities, race, intervention, equity

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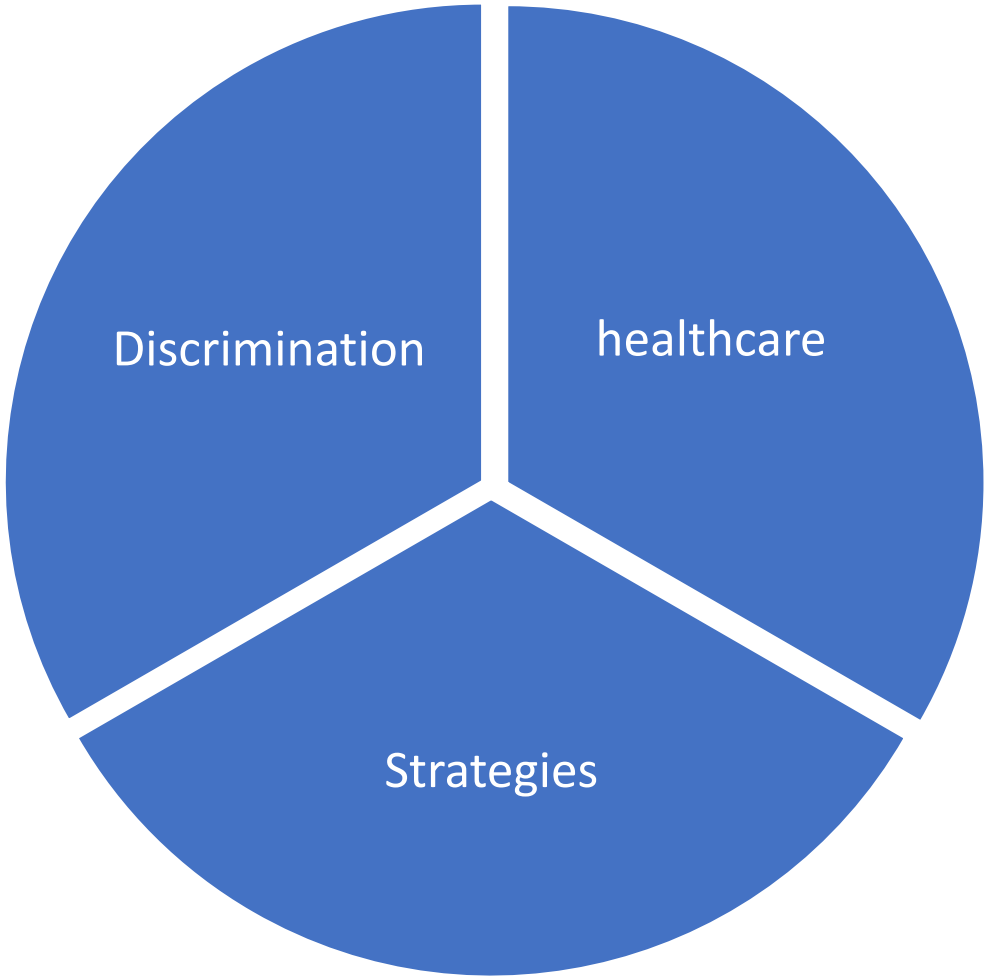

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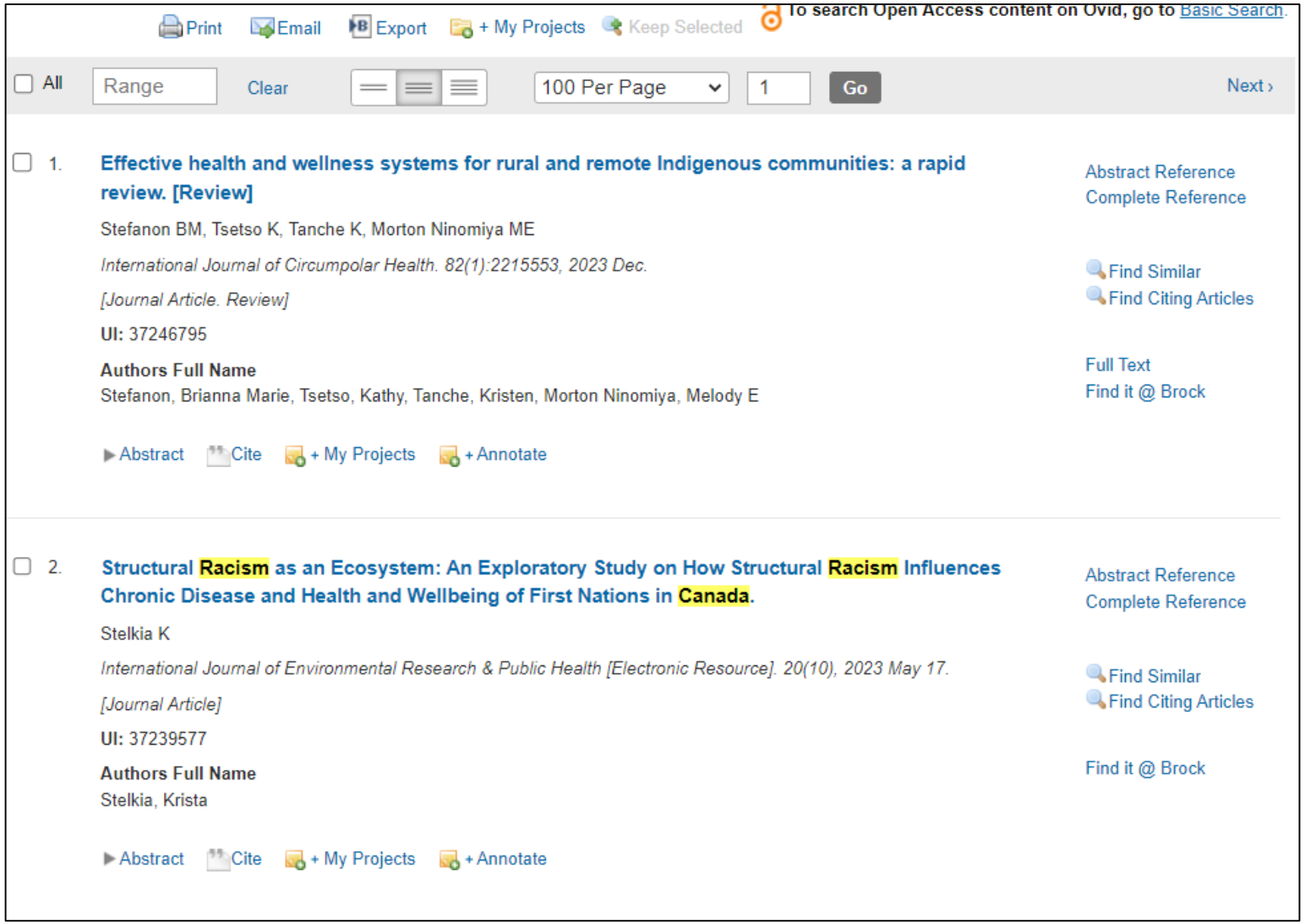
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International Journal of Circumpolar Health. 82(1):2215553, 2023 Dec.
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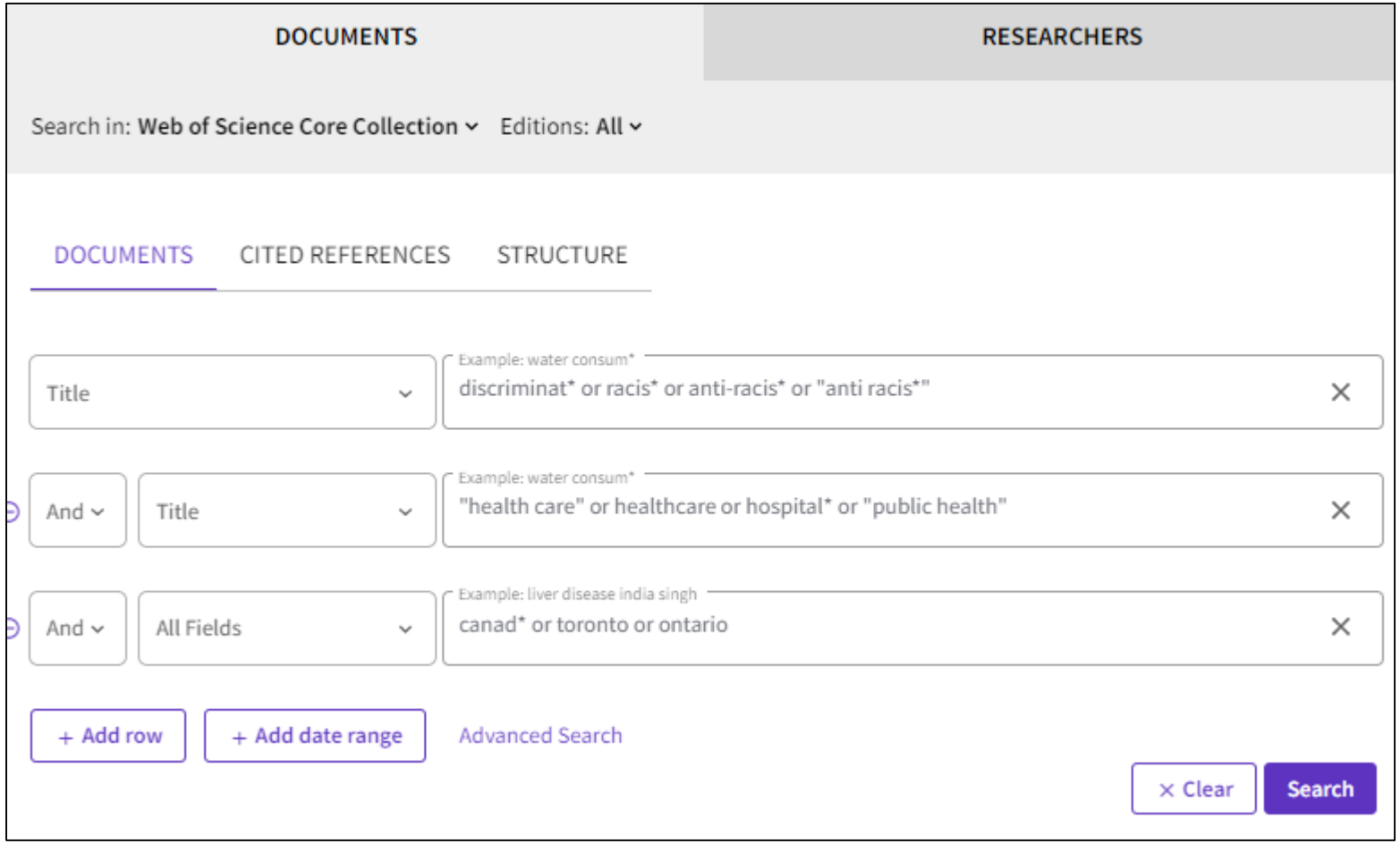
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Bell, K; Salmon, A; (...); McCullough, L

Mar 2010 | SOCIAL SCIENCE & MEDICINE 70 (6) , pp.795-799

In recent years, addictions policy has stressed the need to counteract stigmatization in order to promote public health. However, as recent observers have noted, through the widespread implementation of tobacco 'denormalization' strategies, tobacco control advocates appear to have embraced the use of stigma as an explicit policy tool. In a recent article, Ronald Bayer (2008) argues that the mob ... Show more

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Background: Research on discrimination in healthcare settings has primarily focused on health implications of race-based discrimination among ethno-racial minority groups. Little is known about discrimination experiences of other marginalized populations, particularly groups facing multiple disadvantages who may be subjected to other/multiple forms of discrimination. Objectives: (1) To examine ... Show more

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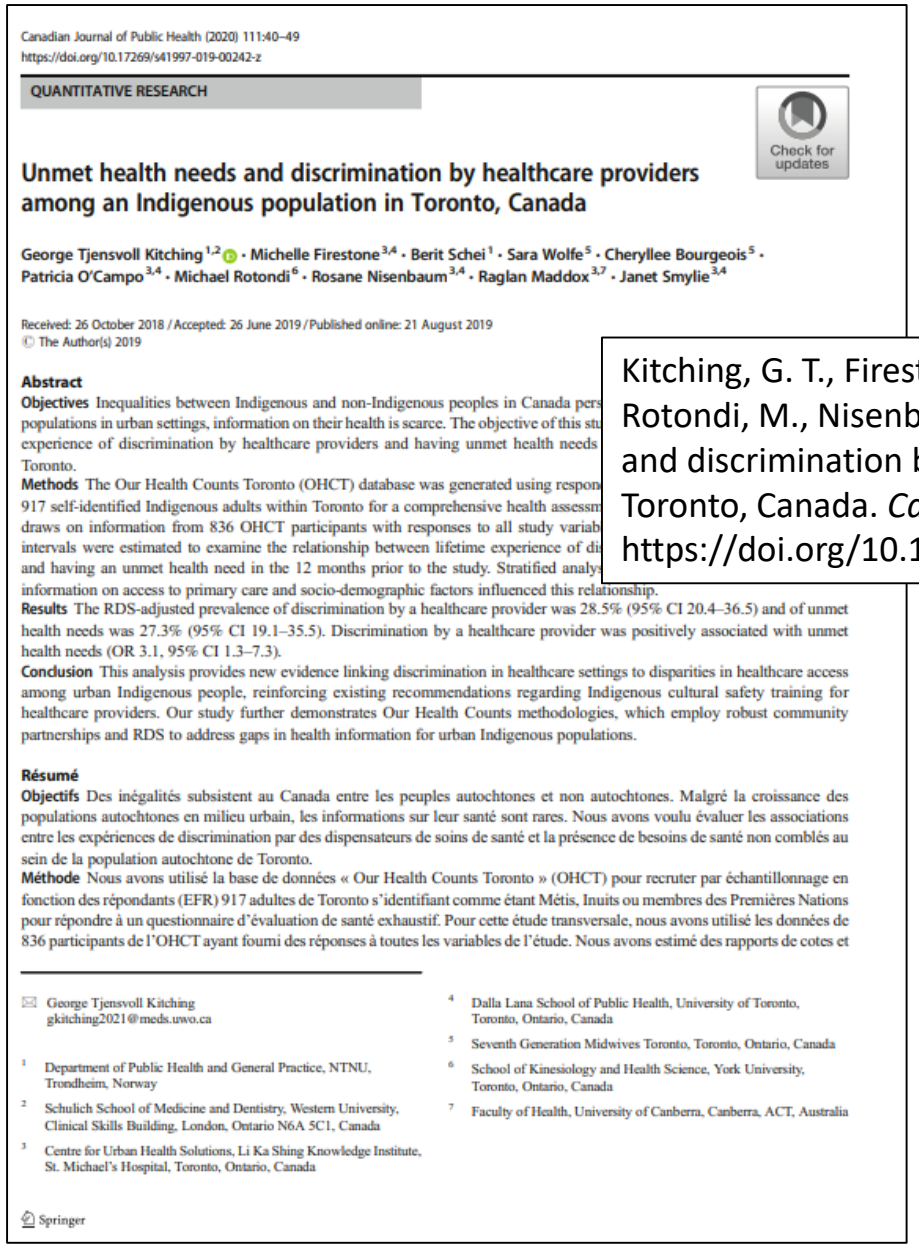

Canadian Journal of Public Health (2020) 111:40–49
https://doi.org/10.17269/s41997-019-00242-z

QUANTITATIVE RESEARCH

Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada

George Tjensvoll Kitching[1,2] · Michelle Firestone[3,4] · Berit Schei[1] · Sara Wolfe[5] · Cheryllee Bourgeois[5] · Patricia O'Campo[3,4] · Michael Rotondi[6] · Rosane Nisenbaum[3,4] · Raglan Maddox[3,7] · Janet Smylie[3,4]

Received: 26 October 2018 / Accepted: 26 June 2019 / Published online: 21 August 2019

Abstract

Objectives Inequalities between Indigenous and non-Indigenous peoples in Canada pers
populations in urban settings, information on their health is scarce. The objective of this st
experience of discrimination by healthcare providers and having unmet health needs
Toronto.

Methods The Our Health Counts Toronto (OHCT) database was generated using respon
917 self-identified Indigenous adults within Toronto for a comprehensive health assessm
draws on information from 836 OHCT participants with responses to all study variab
intervals were estimated to examine the relationship between lifetime experience of di
and having an unmet health need in the 12 months prior to the study. Stratified analys
information on access to primary care and socio-demographic factors influenced this relationship.

Results The RDS-adjusted prevalence of discrimination by a healthcare provider was 28.5% (95% CI 20.4–36.5) and of unmet health needs was 27.3% (95% CI 19.1–35.5). Discrimination by a healthcare provider was positively associated with unmet health needs (OR 3.1, 95% CI 1.3–7.3).

Conclusion This analysis provides new evidence linking discrimination in healthcare settings to disparities in healthcare access among urban Indigenous people, reinforcing existing recommendations regarding Indigenous cultural safety training for healthcare providers. Our study further demonstrates Our Health Counts methodologies, which employ robust community partnerships and RDS to address gaps in health information for urban Indigenous populations.

Résumé

Objectifs Des inégalités subsistent au Canada entre les peuples autochtones et non autochtones. Malgré la croissance des populations autochtones en milieu urbain, les informations sur leur santé sont rares. Nous avons voulu évaluer les associations entre les expériences de discrimination par des dispensateurs de soins de santé et la présence de besoins de santé non comblés au sein de la population autochtone de Toronto.

Méthode Nous avons utilisé la base de données « Our Health Counts Toronto » (OHCT) pour recruter par échantillonnage en fonction des répondants (EFR) 917 adultes de Toronto s'identifiant comme étant Métis, Inuits ou membres des Premières Nations pour répondre à un questionnaire d'évaluation de santé exhaustif. Pour cette étude transversale, nous avons utilisé les données de 836 participants de l'OHCT ayant fourni des réponses à toutes les variables de l'étude. Nous avons estimé des rapports de cotes et

✉ George Tjensvoll Kitching
gkitching2021@meds.uwo.ca

[1] Department of Public Health and General Practice, NTNU, Trondheim, Norway

[2] Schulich School of Medicine and Dentistry, Western University, Clinical Skills Building, London, Ontario N6A 5C1, Canada

[3] Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ontario, Canada

[4] Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada

[5] Seventh Generation Midwives Toronto, Toronto, Ontario, Canada

[6] School of Kinesiology and Health Science, York University, Toronto, Ontario, Canada

[7] Faculty of Health, University of Canberra, Canberra, ACT, Australia

Kitching, G. T., Firestone, M., Schei, B., Wolfe, S., Bourgeois, C., O'Campo, P., Rotondi, M., Nisenbaum, R., Maddox, R., & Smylie, J. (2020). Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada. *Canadian Journal of Public Health, 111*(1), 40–49. https://doi.org/10.17269/s41997-019-00242-z

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Article

Confronting Racism within the Canadian Healthcare System: Systemic Exclusion of First Nations from Quality and Consistent Care

Wanda Phillips-Beck [1], Rachel Eni [2,*], Josée G. Lavoie [3], Kathi Avery Kinew [4], Grace Kyoon Achan [5] and Alan Katz [6]

[1] Department of Community Health Sciences, College of Medicine, First Nation Heal
Manitoba and the University of Manitoba, Winnipeg, MB R3B 2B3, Canada; wphill
[2] Independent Researcher, Victoria, BC V9C 0M1, Canada
[3] Department Community Health Sciences, College of Medicine, University of Mani
MB R3E 3P5, Canada; Josee.Lavoie@umanitoba.ca
[4] First Nation Health and Social Secretariat Manitoba, Winnipeg, MB R3B 2B3, Canada;
[5] Education Indigenous Institute of Health and Healing, University of Manitoba, Wi
MB R3E 3P4, Canada; Grace.KyoonAchan@umanitoba.ca
[6] Manitoba Centre for Health Policy, Department Community Health Sciences and F
College of Medicine, University of Manitoba, Winnipeg, MB R3B 2B3, Canada; Alan_
* Correspondence: raceni@gmail.com

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Abstract: The study is on racism against First Nation peoples in the Canadian healthcare system. The study design incorporates principles of grounded theory, participant and Indigenous (decolonizing) research. Four questions are addressed: (1) What is the root cause of racism against First Nation peoples in the healthcare system? (2) What factors perpetuate racisms existence? (3) What are the impacts of racism on First Nation health? (4) What needs to be done to eradicate racism and to create an equitable healthcare system that sufficiently represents the needs, interests and values of First Nation peoples?

Keywords: racism; Canadian healthcare system; First Nations; grounded theory

1. Introduction

The focus of this paper is on racism against First Nation peoples in the Canadian healthcare system. The discussion is based on a grounded theory analysis of interviews and focus group discussions with participants of a research project on community-based primary healthcare supporting transformation in the health of Manitoba First Nations. Analysis takes place within a macro-context of a global pandemic, and international protests against institutional racism.

The study design is heavily based in partnership development and principles of participatory research. The goal of engagement and discovery is implementation in order to transform healthcare into a system that is equitable, accessible, and appropriate to First Nation peoples. The study addresses four questions: (1) what is the root cause of racism against First Nation peoples in the healthcare system? (2) What factors perpetuate racism's existence? (3) What are the impacts of racism on First Nation health? (4) What needs to be done to eradicate racism and to create an equitable healthcare system that sufficiently represents the needs, interests and values of First Nation peoples?

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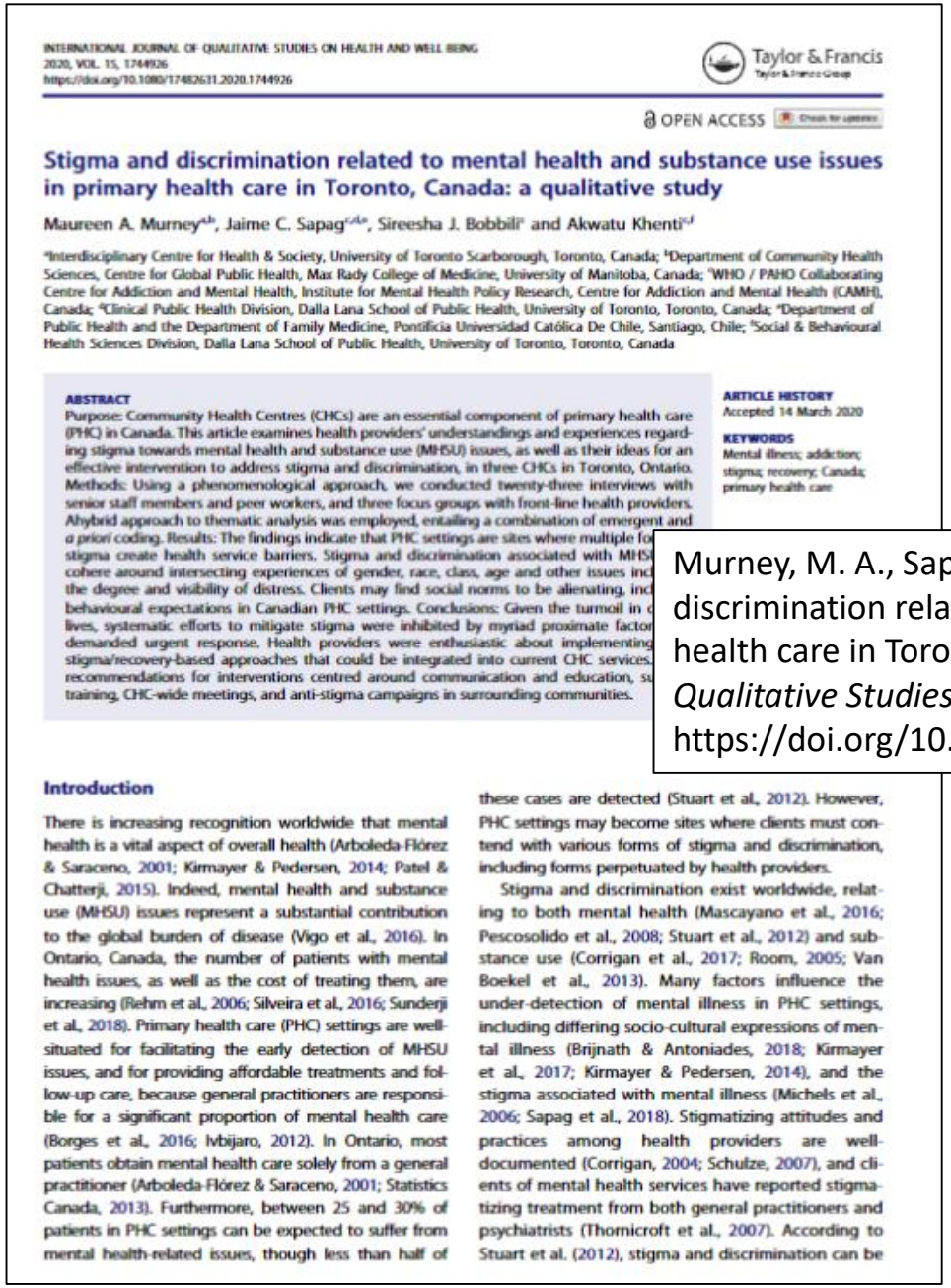

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Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study

Maureen A. Murney[a,b], Jaime C. Sapag[c,d,e], Sireesha J. Bobbili[c] and Akwatu Khenti[c,f]

[a]Interdisciplinary Centre for Health & Society, University of Toronto Scarborough, Toronto, Canada; [b]Department of Community Health Sciences, Centre for Global Public Health, Max Rady College of Medicine, University of Manitoba, Canada; [c]WHO / PAHO Collaborating Centre for Addiction and Mental Health, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health (CAMH), Canada; [d]Clinical Public Health Division, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; [e]Department of Public Health and the Department of Family Medicine, Pontificia Universidad Católica De Chile, Santiago, Chile; [f]Social & Behavioural Health Sciences Division, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

ABSTRACT

Purpose: Community Health Centres (CHCs) are an essential component of primary health care (PHC) in Canada. This article examines health providers' understandings and experiences regarding stigma towards mental health and substance use (MHSU) issues, as well as their ideas for an effective intervention to address stigma and discrimination, in three CHCs in Toronto, Ontario. Methods: Using a phenomenological approach, we conducted twenty-three interviews with senior staff members and peer workers, and three focus groups with front-line health providers. A hybrid approach to thematic analysis was employed, entailing a combination of emergent and *a priori* coding. Results: The findings indicate that PHC settings are sites where multiple fo stigma create health service barriers. Stigma and discrimination associated with MHS cohere around intersecting experiences of gender, race, class, age and other issues inc the degree and visibility of distress. Clients may find social norms to be alienating, inc behavioural expectations in Canadian PHC settings. Conclusions: Given the turmoil in c lives, systematic efforts to mitigate stigma were inhibited by myriad proximate factor demanded urgent response. Health providers were enthusiastic about implementing stigma/recovery-based approaches that could be integrated into current CHC services. recommendations for interventions centred around communication and education, su training, CHC-wide meetings, and anti-stigma campaigns in surrounding communities.

ARTICLE HISTORY
Accepted 14 March 2020

KEYWORDS
Mental illness; addiction; stigma; recovery; Canada; primary health care

Introduction

There is increasing recognition worldwide that mental health is a vital aspect of overall health (Arboleda-Flórez & Saraceno, 2001; Kirmayer & Pedersen, 2014; Patel & Chatterji, 2015). Indeed, mental health and substance use (MHSU) issues represent a substantial contribution to the global burden of disease (Vigo et al., 2016). In Ontario, Canada, the number of patients with mental health issues, as well as the cost of treating them, are increasing (Rehm et al., 2006; Silveira et al., 2016; Sunderji et al., 2018). Primary health care (PHC) settings are well-situated for facilitating the early detection of MHSU issues, and for providing affordable treatments and follow-up care, because general practitioners are responsible for a significant proportion of mental health care (Borges et al., 2016; Ivbijaro, 2012). In Ontario, most patients obtain mental health care solely from a general practitioner (Arboleda-Flórez & Saraceno, 2001; Statistics Canada, 2013). Furthermore, between 25 and 30% of patients in PHC settings can be expected to suffer from mental health-related issues, though less than half of these cases are detected (Stuart et al., 2012). However, PHC settings may become sites where clients must contend with various forms of stigma and discrimination, including forms perpetuated by health providers.

Stigma and discrimination exist worldwide, relating to both mental health (Mascayano et al., 2016; Pescosolido et al., 2008; Stuart et al., 2012) and substance use (Corrigan et al., 2017; Room, 2005; Van Boekel et al., 2013). Many factors influence the under-detection of mental illness in PHC settings, including differing socio-cultural expressions of mental illness (Brijnath & Antoniades, 2018; Kirmayer et al., 2017; Kirmayer & Pedersen, 2014), and the stigma associated with mental illness (Michels et al., 2006; Sapag et al., 2018). Stigmatizing attitudes and practices among health providers are well-documented (Corrigan, 2004; Schulze, 2007), and clients of mental health services have reported stigmatizing treatment from both general practitioners and psychiatrists (Thornicroft et al., 2007). According to Stuart et al. (2012), stigma and discrimination can be

Murney, M. A., Sapag, J. C., Bobbili, S. J., & Khenti, A. (2020). Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: A qualitative study. *International Journal of Qualitative Studies on Health and Well-Being, 15*(1), 1744926. https://doi.org/10.1080/17482631.2020.1744926

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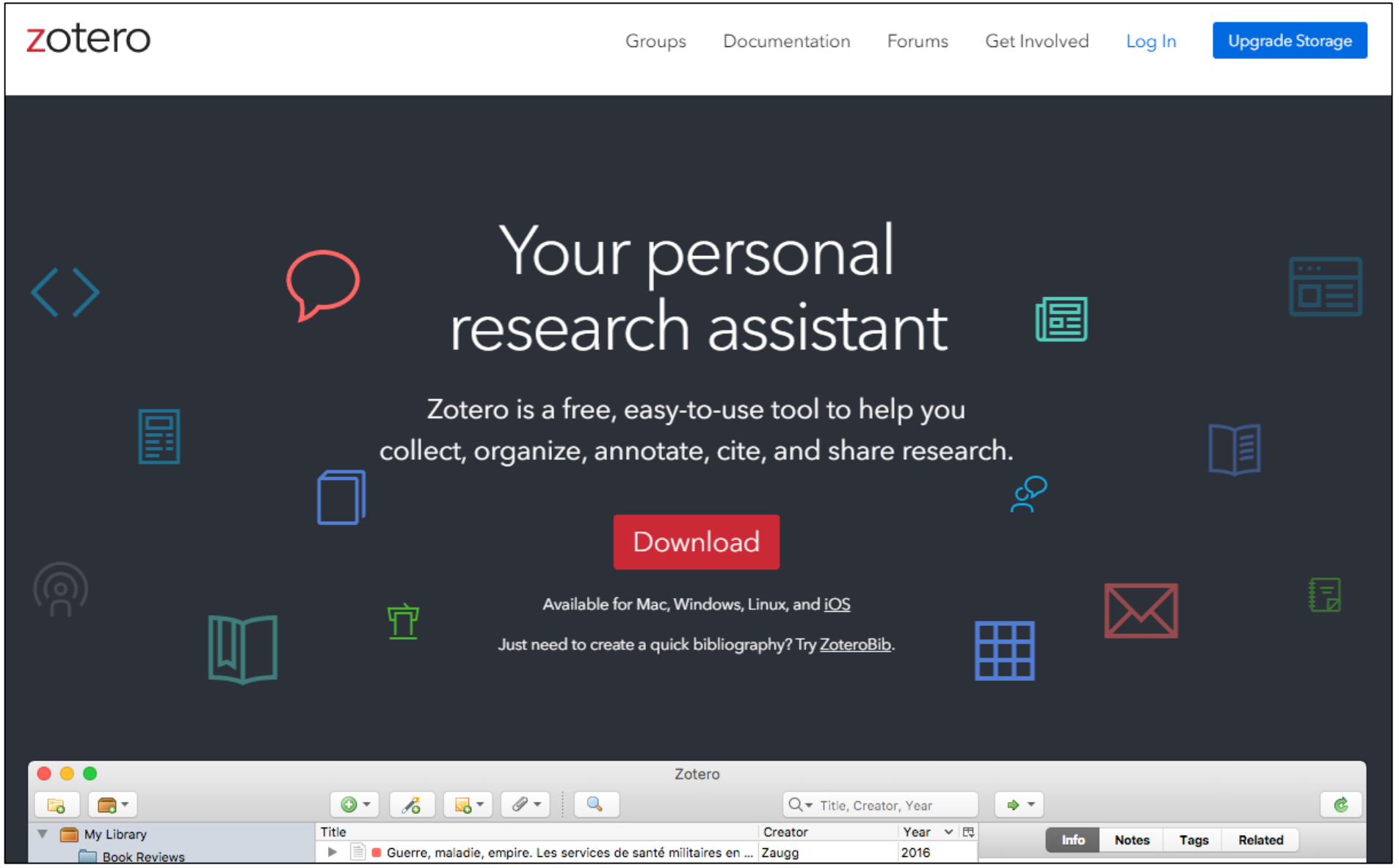
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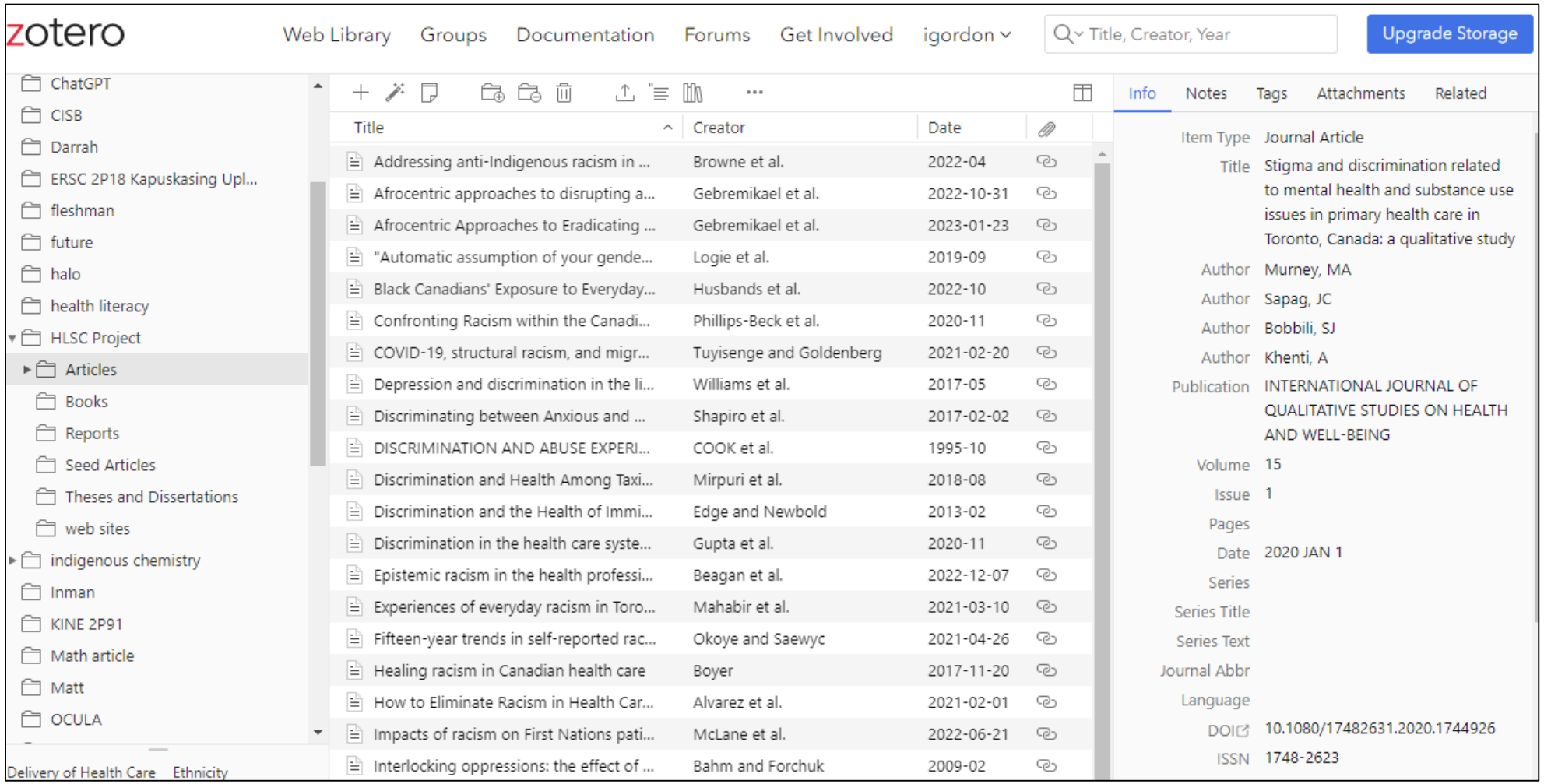
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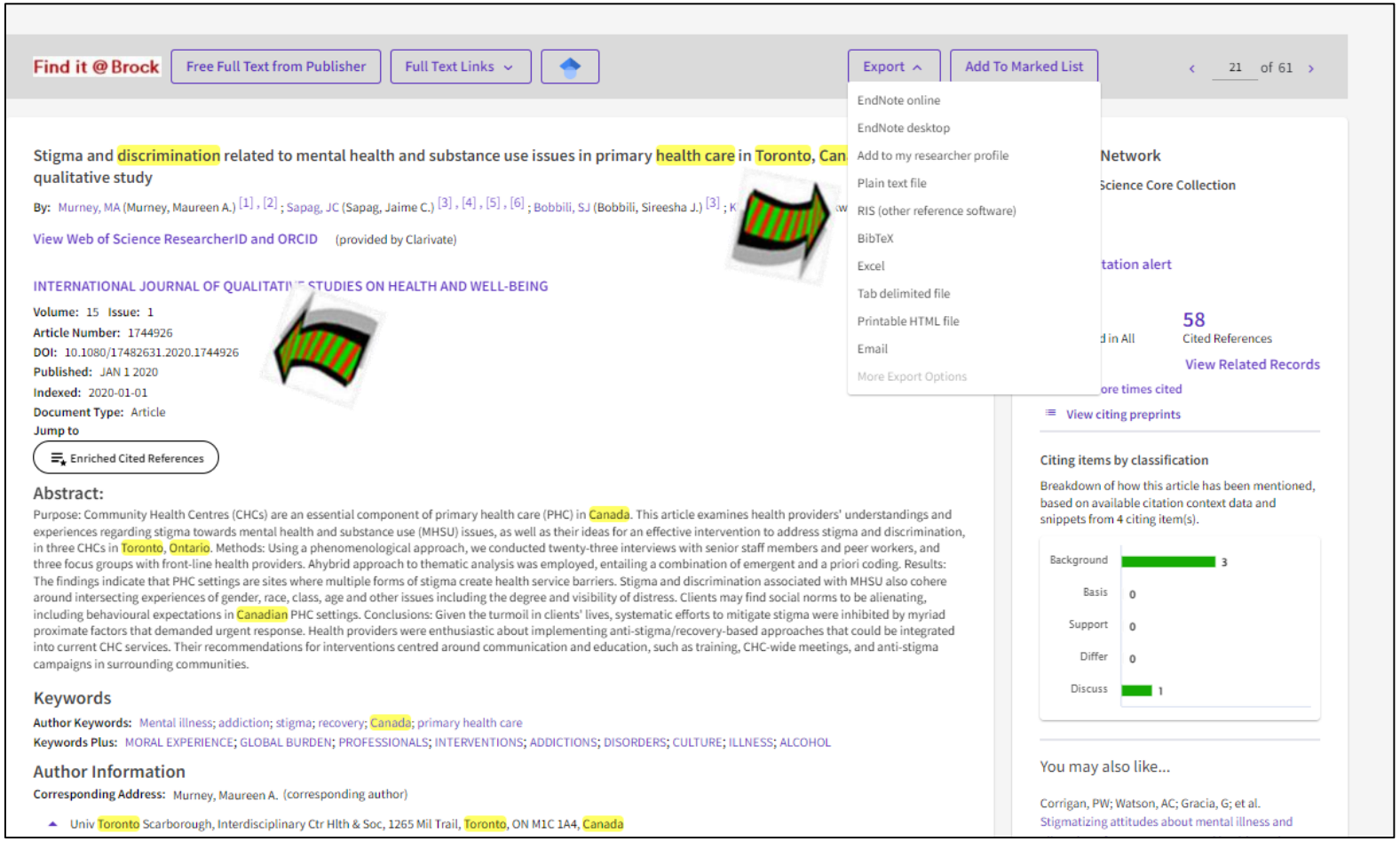
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Purpose: Community Health Centres (CHCs) are an essential component of primary health care (PHC) in Canada. This article examines health providers' understandings and experiences regarding stigma towards mental health and substance use (MHSU) issues, as well as their ideas for an effective intervention to address stigma and discrimination, in three CHCs in Toronto, Ontario. Methods: Using a phenomenological approach, we conducted twenty-three interviews with senior staff members and peer workers, and three focus groups with front-line health providers. Ahybrid approach to thematic analysis was employed, entailing a combination of emergent and a priori coding. Results: The findings indicate that PHC settings are sites where multiple forms of stigma create health service barriers. Stigma and discrimination associated with MHSU also cohere around intersecting experiences of gender, race, class, age and other issues including the degree and visibility of distress. Clients may find social norms to be alienating, including behavioural expectations in Canadian PHC settings. Conclusions: Given the turmoil in clients' lives, systematic efforts to mitigate stigma were inhibited by myriad proximate factors that demanded urgent response. Health providers were enthusiastic about implementing anti-stigma/recovery-based approaches that could be integrated into current CHC services. Their recommendations for interventions centred around communication and education, such as training, CHC-wide meetings, and anti-stigma campaigns in surrounding communities.
Keywords
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Author Information
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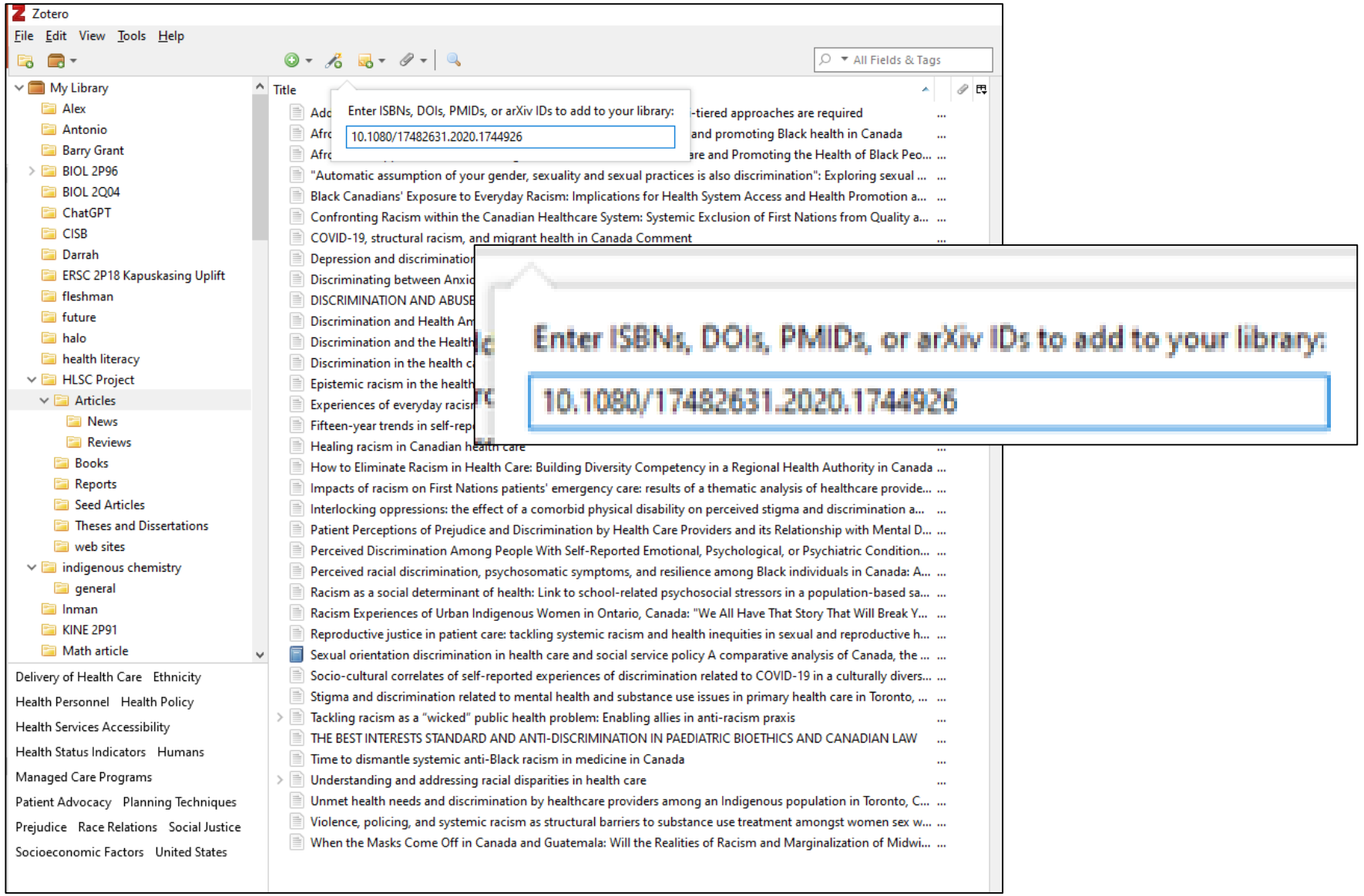
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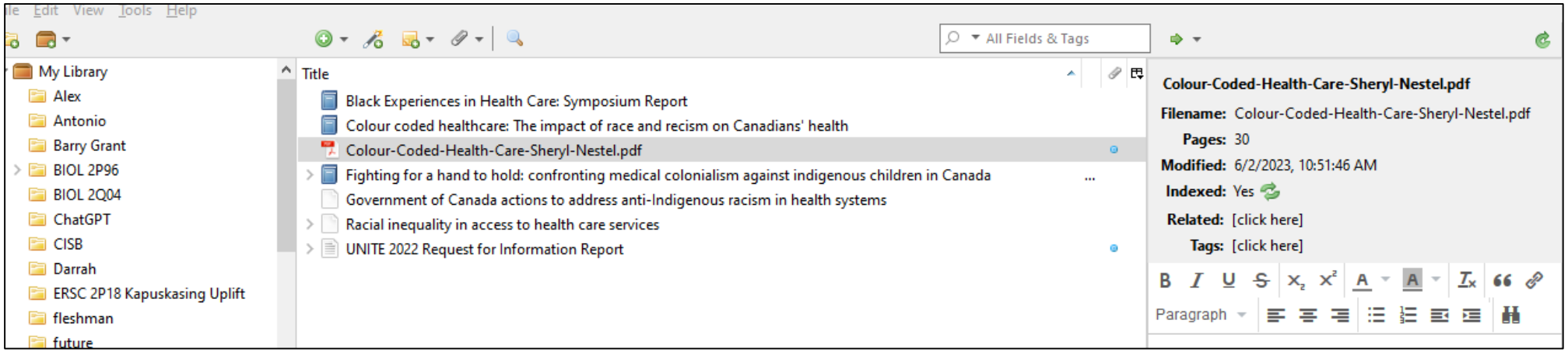

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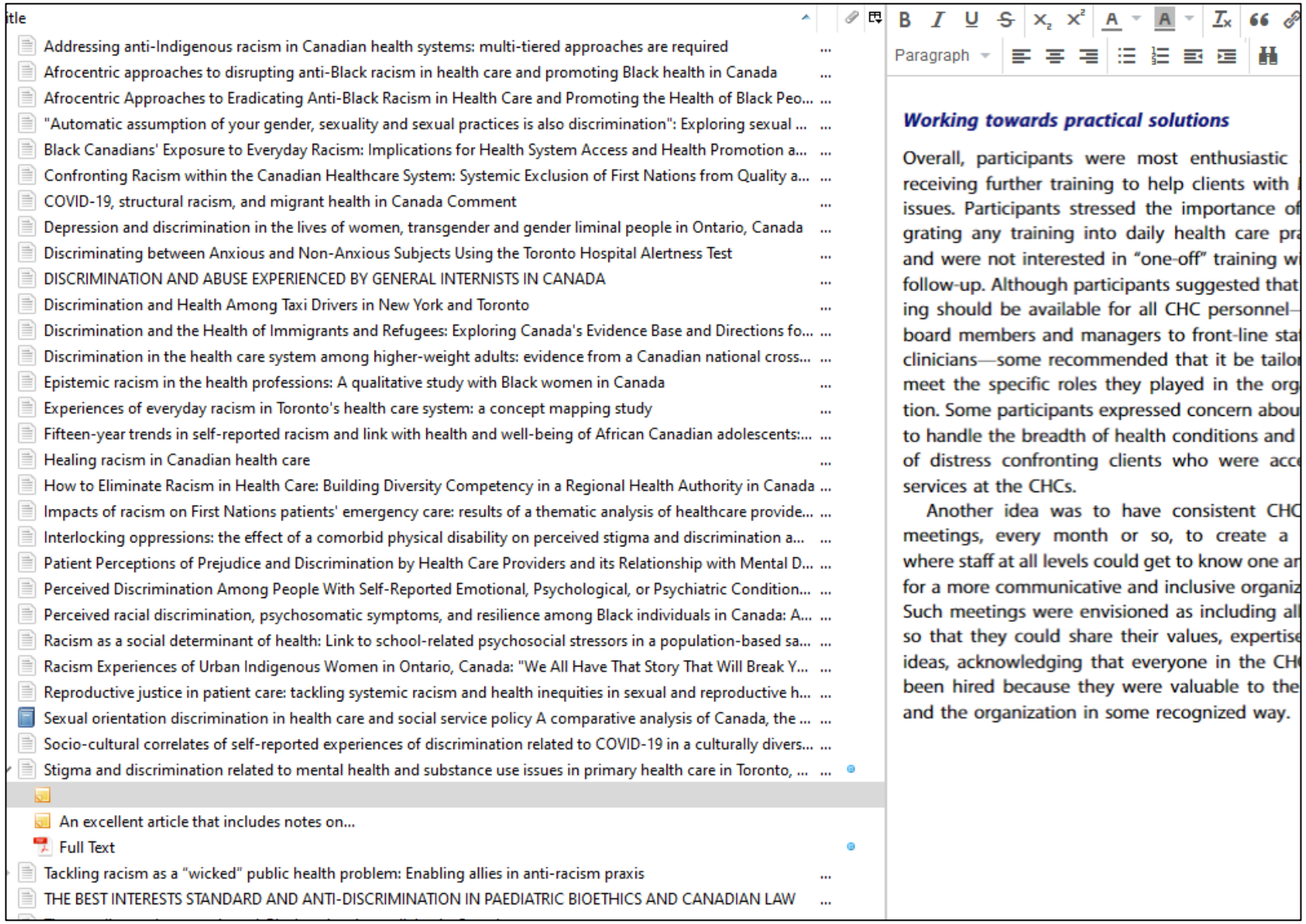

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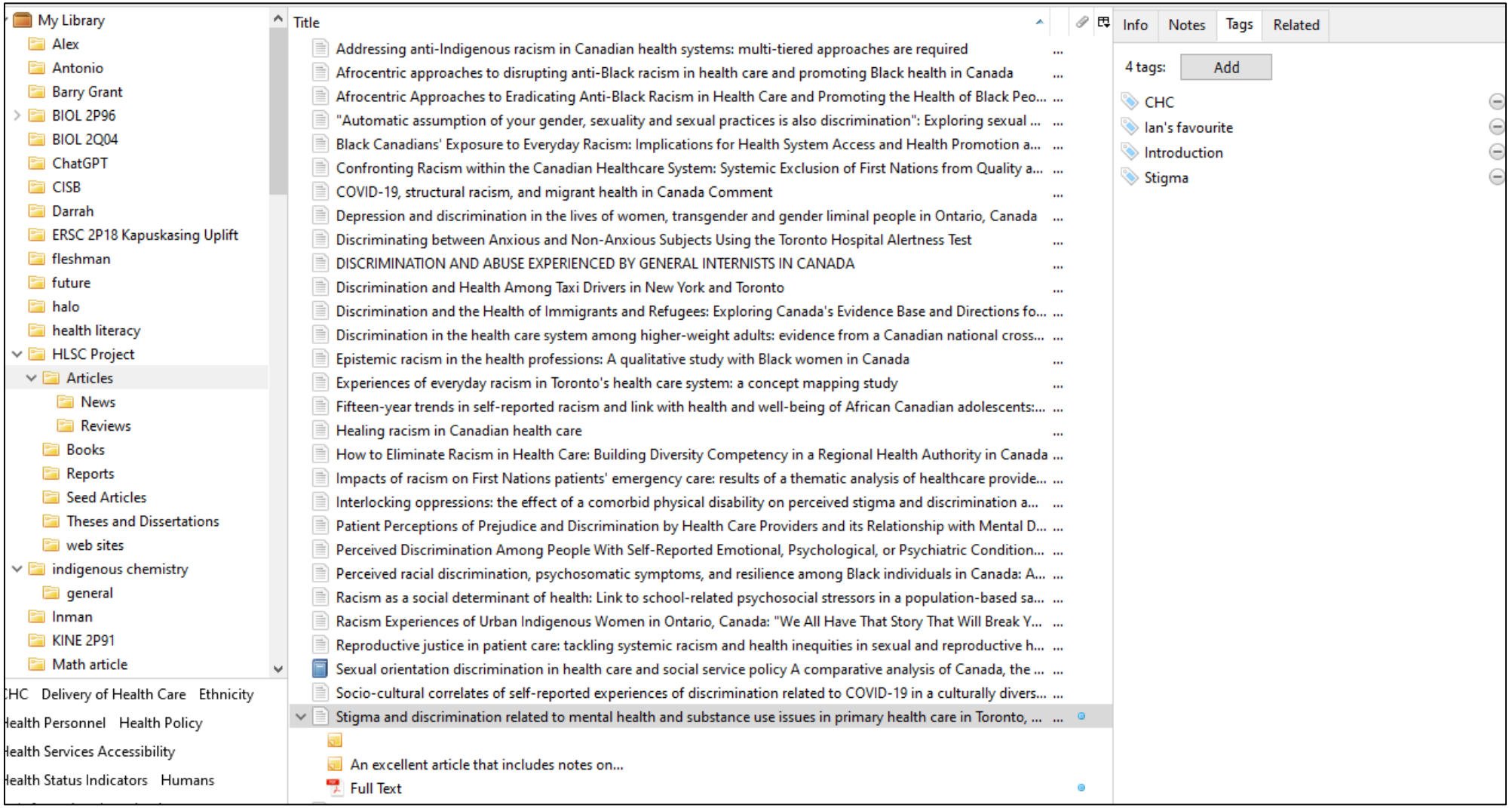
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Edberg, M. C. (2023). *Essentials of health, culture, and diversity: Understanding people, reducing disparities* (Second edition). Jones & Bartlett Learning.

Eneanya, A. N. (Ed.). (2019). *Human rights, public values, and leadership in healthcare policy*. Medical Information Science Reference.

McQueeney, K. (2023). *A city without care: 300 years of racism, health disparities, and healthcare activism in New Orleans*. The University of North Carolina Press.

Perry, F. (Ed.). (2020). *The tracks we leave: Ethics and management dilemmas in healthcare* (Third edition). Health Administration Press.

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Conducting and writing up different types of reviews

Searching for citations

- selecting databases
- search strategies
- managing citations
- screening citations 

Writing up reviews

- evidence synthesis vs. literature reviews
- guides and where to get help

Questions!

Screening citations

Based on,

- Inclusion / exclusion criteria
- Themes
- Format

- Body of research

- Context – introduction, quote, researcher, data, methodology…

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Questions!

Lots of general guides on how to craft literature reviews:

- Hart, C. (2018). Doing a literature review : releasing the research imagination (2nd edition.). SAGE Publications.

A basic print book in our library 9th floor, H 62 H2567 2018, there are others that may be interesting in this section of the library
https://ocul-bu.primo.exlibrisgroup.com/permalink/01OCUL_BU/3kjbnu/alma991009039449705152

- Coughlan, M., Ryan, F., & Cronin, P. (2013). Doing a literature review in nursing, health and social care. SAGE.

A print book, in health, 5th floor, RT 81.5 C68 2013
https://ocul-bu.primo.exlibrisgroup.com/permalink/01OCUL_BU/331q1k/alma991006521309705152

- Hempel, S. (2020). Conducting your literature review. American Psychological Association.

Although an APA book, this is excellent, chapters on the step by step process, check it out!
https://ocul-bu.primo.exlibrisgroup.com/permalink/01OCUL_BU/3kjbnu/alma993748952605151

- Lövei, G. (2021). Writing and Publishing Scientific Papers: A Primer for the Non-English Speaker. Open Book Publishers. https://doi.org/10.11647/OBP.0235

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- The Literature Review. SAGE Publications Ltd, chapter doi: https://doi.org/10.4135/9781446294994

Chapter 10 in a digital book, a good overview!

- Oliver, P. (2014). Writing your thesis (Third edition.). SAGE.

https://sk-sagepub-com.proxy.library.brocku.ca/books/writing-your-thesis-third-edition/i720.xml
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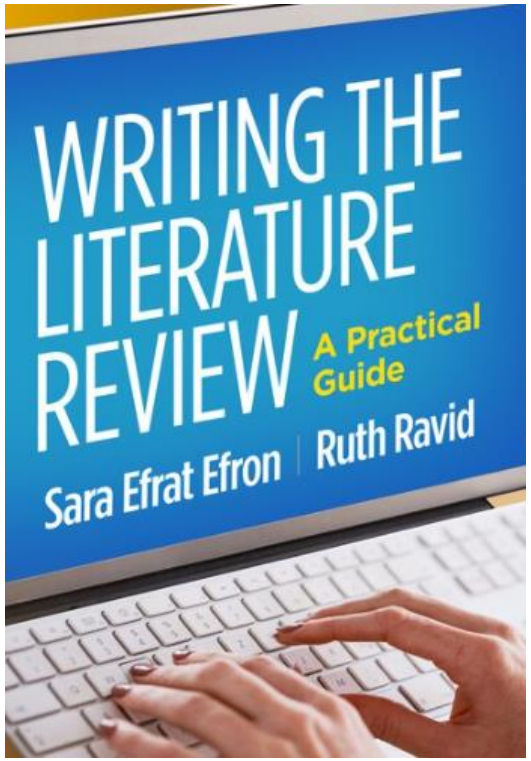
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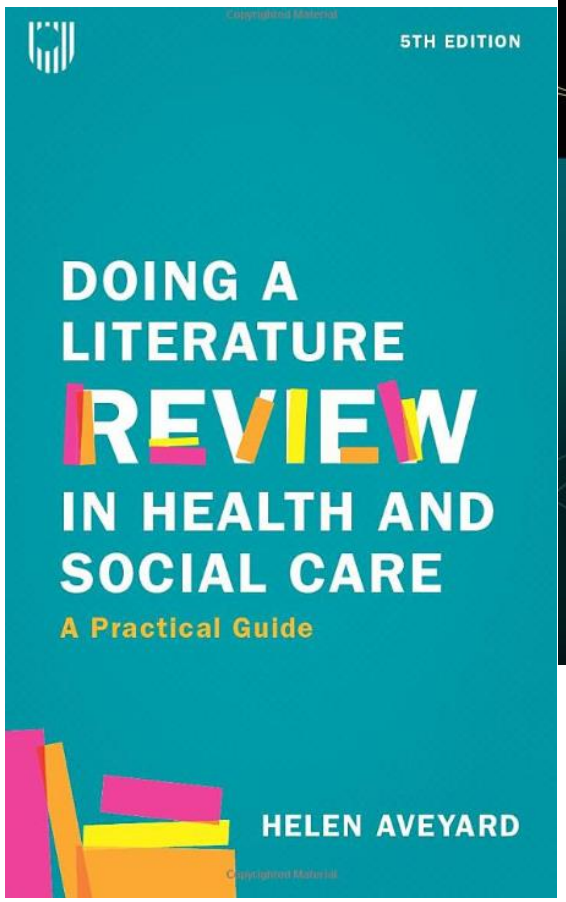
Sara Efrat Efron | Ruth Ravid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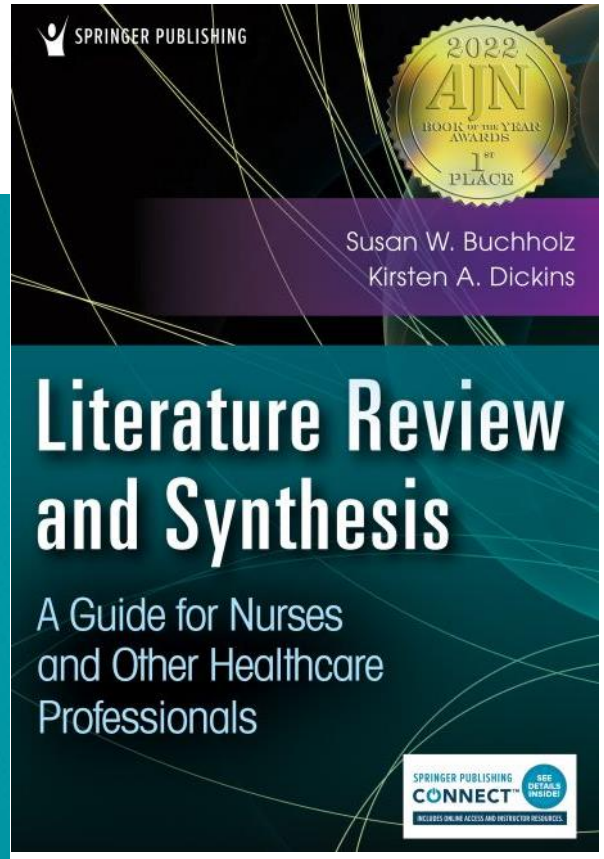
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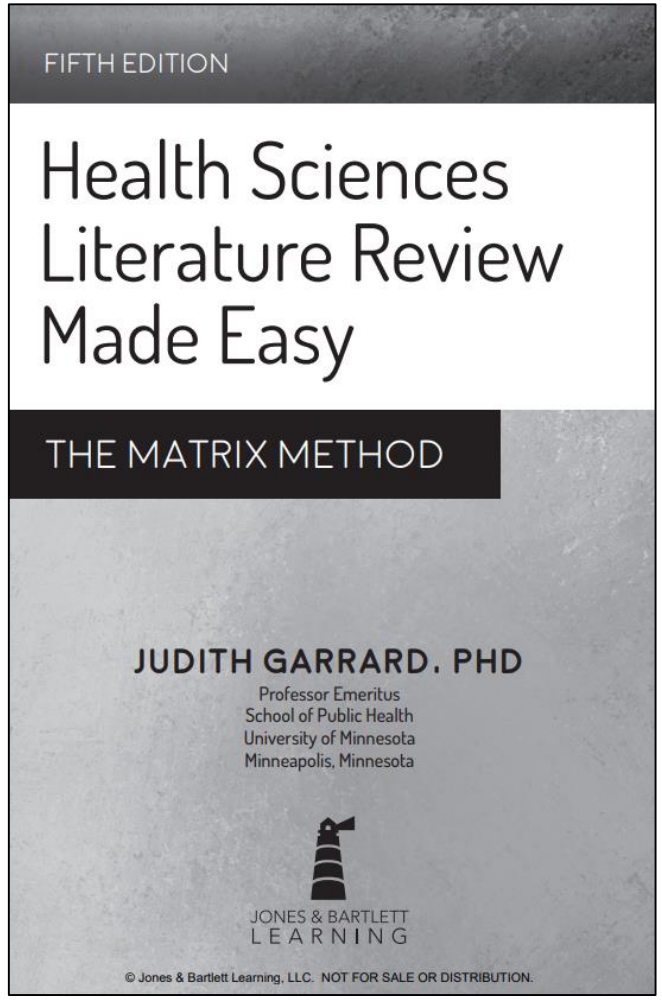
FIFTH EDITION
Health Sciences Literature Review Made Easy
THE MATRIX METHOD
JUDITH GARRARD. PHD
Professor Emeritus
School of Public Health
University of Minnesota
Minneapolis, Minnesota
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Where can I get help?

Brock Library Health Sciences Research Guide
https://researchguides.library.brocku.ca/HLSC

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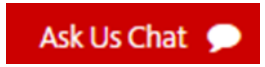

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Searching for citations

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Writing up reviews

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- guides and where to get help

Questions! 

The best lit review is concise, clear and comprehensive yet answers your research question or study topic.

A perfect search finds all relevant citations but doesn't exclude citations of peripheral interest.

You will be overwhelmed!

Define your concepts and terms.

Set boundaries.

Find similar studies, articles, reports, theses/dissertations…

A perfect literature review includes all relevant citations.

Ask for assistance.

Questions?

What is your research question / topic?
What databases are you comfortable with? Which databases are essential?
Which version of MEDLINE works best for your research question / topic?
How effective are your database search strategies?
Can you find 3-5 seed articles?
Should you look for articles, books/ebooks, theses, dissertations, reports, data…?
Do you have a plan to document your findings, citations, search strategies…?
Do you need helping finding reports, full-text articles, books…?
When do you know whether you've found all essential citations?
Can you safely determine whether you've found everything?
When to stop searching and start writing?
Literature review vs. evidence synthesis review – what's the difference?
Think through how you can creatively display your data?
When to ask for assistance?

Ian Gordon

Teaching & Learning Librarian
igordon@brocku.ca